

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### THE HARVARD COLLEGE OF NURSING

THE announcement has been made in these pages that Harvard University was to establish a department of nursing, our information, published some little time ago, being that this new department was for the purpose of teaching nursing to medical students, not to nurses.

Now it seems to be conclusively decided that the new College of Nursing is to be for nurses, that it is to be a separate department, as are medicine, the law, etc., with a separate curriculum and a four-years' course that shall include hospital experience and private nursing.

That a great university like Harvard should open its doors to nurses is magnificent; that nursing is to become a dignified profession, with the recognition accorded the other learned professions, seems to be an assured fact. The dream that looked to be so far in the distant future may become a reality even while we are here to see the end.

Harvard's example will be followed, and other universities will establish departments of nursing.

It is too early to predict upon what general lines Harvard's Nursing College will be organized. From a broad outlook the whole plan must be most cordially commended by the nursing profession, but from a nearer standpoint we feel somewhat distrustful of the immediate result.

Dr. Alfred Worcester, of Waltham, who is to be at the head of the new Nursing College, holds views in regard to the training of nurses quite at variance with the great nursing body of this country, the older and leading women who have had experience as pupils and teachers, and from whom Dr. Worcester has taken the idea of a Nursing College.

The women of the greatest experience are convinced and stand

united in the opinion that a carefully arranged preliminary period is essential (this Dr. Worcester has had at Waltham), after which must come the methodical experience in the hospital wards, under most careful supervision and instruction from nurses skilled as teachers, before the pupil is sent into the homes of the people.

Dr. Worcester in his Training-School at Waltham has not considered hospital drill and experience the first essential, but has trained his nurses principally in the homes of the poor, where equipment and exact method are impossible.

The Massachusetts State Nurses' Association has refused to admit the Waltham nurses to membership, thus condemning Dr. Worcester's method of training.

Dr. Worcester is also opposed to the State registration of nurses, while the great nursing body of the United States stands united in favor of State registration.

The Harvard College of Nursing is then to have at its head a man opposed to the highest ideals of the nursing profession, while the prestige of the great university behind him places him in a position of power in nursing affairs unmerited either by service or experience.

It is not our intention, however, to assume a prejudiced attitude towards the Harvard plan. We agree in substance with a physician who has written us on the subject, from whose letter we quote:

"To reject new plans and projects because they do not fit in with our own experience is against progress. There is room for every kind of success on every line." (It may be demonstrated that Dr. Worcester's ideas are right and those of the great nursing body wrong.) "On the other hand, the much lauded 'learning to do by doing' may be carried too far if it means disregarding the world's experience. It is too costly to keep on repeating failures.

"Thinking people know that in the evolution of the modern nurse, the hospital has been the chief and most successful training-ground, and whatever bad traditions have crept into the new, yet old, profession have come along the lines of training being given in small or inadequate hospitals, poorly equipped in teachers and teaching facilities.

"In the case of the medical profession, on the other hand, fifty years ago a physician got his training in a doctor's office, learning to practice in the office and in the home where he was to carry out his life-work. He attended a few lectures and classes, and was then ready to begin for himself. There is no need to say that this system died out because it was inadequate. That good physicians were made by the old method no one questions. Neither does anyone question that the medical man to-day who is just graduating from one of the best medical schools

has had more experience and is better equipped than the man who had practised ten years under the old system." (The trend of medical progress is towards a compulsory hospital training for every medical student.) "This matter has been so fully settled in medical education that it is no longer an interesting point, but it becomes worthy of note when one sees the study of nursing threatened with the discarded methods of medical training.

"In the first place, the hospital and dispensary form the only places where the doctor or the nurse can obtain all kinds of experience in a reasonable length of time.

"Secondly, the technique of many procedures is so elaborate that it cannot be carried out well in the home, as evidenced, for example, by the decreasing number of operations in the home.

"And, thirdly, the hospital offers the best opportunity for study, for testing old methods, and developing better ones."

That higher standards of preliminary and theoretical instruction can best be secured in a specially organized and equipped nursing college is a point that has been recognized by advanced teachers among nurses for a number of years, but that such instruction shall in any way take the place of a systematic hospital training is against the opinion of those most competent to judge.

The college course should be a preparation for hospital experience, and it is that hospital experience which is the essential feature of any nurse's education. Work in the homes of rich or poor should, we believe, always follow prolonged hospital training.

It is for the nurses of New England and the country at large to see to it that valuable time is not lost by following false and unwise methods of training in the new college at Harvard.

Public opinion is the most powerful factor for or against any movement of the age in which we live.

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### A TIMELY SUBJECT

Mrs. KINNEY's paper, published in this issue, entitled "Some Questionable Nursing Schools and What they are Doing," deals with a subject of grave importance to nurses everywhere.

The great nursing body is striving by every means in its power to provide better and more efficient care for the sick by improving standards of education for nurses, and with this end in view has come the movement for State registration, preliminary training, an effort for central preliminary schools, etc., and with the increased effort of nurses

for the elevation of their own profession comes a movement from another group of people which is cheapening and degrading nursing education and standards.

Correspondence schools and short-course schools for nurses are in direct opposition to all the ideals that the nursing profession has for its own advancement.

We endorse all that Mrs. Kinney has said about them, and we only regret that, like Mrs. Kinney, we are unable to suggest a remedy that shall be direct in its influence for their control. State registration will eventually have its influence, but there will always be, we fear, followers of any plan that promises a short cut to success. It is the innocent who suffer because of their ignorance whom we should endeavor to protect.

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#### THE NEW LAW AFFECTS NURSES' REGISTRIES

THE attention of nurses, particularly in New York State, is called to an act of the last Legislature which took effect on May 1 and is now being put into force. This act "regulates the keeping of employment agencies in cities of the first and second class where fees are charged for securing employment or situations."

The act is the result of investigations made by Miss Frances A. Kellor and a staff of assistants into the conduct of these agencies, and the conditions disclosed are in the main disheartening. It is shown that a girl who avails herself of an employment agency may be exposing herself to almost everything that can injure character, and she is oftentimes shamelessly cheated. On the other hand, some agencies are entirely honest and straightforward, and cannot be brought to believe that kindred establishments are of a dubious character.

Nearly all these employment agencies have nurses trained and untrained on their books, and one proprietor recently in refusing to pay the license fee of twenty-five dollars claimed that a nurses' boarding-house was conducted in which no fees were charged, but the nurses paid fifteen dollars a week for board.

This law affects the cities of New York, Buffalo, Rochester, Albany, Syracuse, and Utica, and has been interpreted to cover all hospital and training-school registries where fees are charged, and all nurses' homes and registries. This does not include those conducted by alumnae societies where the annual dues entitle to other privileges besides the registry.

Every licensed person or corporation must keep a register, approved by the Mayor, in which must be entered the date of every application



for employment, name and address of applicant, and fee charged, and these registers shall be open during office hours to inspection by the Mayor. A receipt must be given for every fee charged, having printed on the back a copy of the section (5) with regard to fees.

It will be interesting to watch what action nurses themselves, as a result of this law, will take towards the further management of their own affairs.

Since the law went into effect the New York Academy of Medicine has discontinued its nurses' registry, and the Mills Training-School Alumnae Association has organized one in connection with a club-house.

We hope this new law will be the means of placing all nurses' registries in the hands of the alumnae associations or county clubs.

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#### THE REGISTRATION ACT IN NEW YORK

We publish on another page a letter from M. A. M., in which the opinion of nurses is asked in regard to the justice of that article of the New York statute which refuses registration to nurses in good standing because the schools from which they graduated years ago are not up to the standards required by the Regents to-day.

This is a matter to which the Nurse Board of Examiners have been giving much careful consideration. That the act is unjust to a few nurses has been shown from the first, but to what extent it is unjust is difficult to determine until greater numbers of nurses have filed their application with the Regents at Albany.

It will be remembered that when the New York bill was first discussed the statement was made in this JOURNAL and in the State meetings that all graduate nurses in good standing would be eligible for registration without examination, and that was the intention of the New York State association from the beginning, but when it came to the point of framing a bill that would meet the educational and political requirements in the State, that had to be considered, the act as it was passed was quite a different instrument from the bill that was in the beginning contemplated. That it is a splendid statute in all but that one particular all must admit who have true nursing standards at heart, but that it is unjust to a special class of women is becoming more and more clearly recognized.

We can say with authority that the Executive Committee of the New York State Nurses' Association is already taking steps to remedy this one condition of the act. Plans will be outlined for the consideration of the members at the April meeting of the State association, and

undoubtedly action will be taken looking towards an amendment which will give recognition to those nurses whose schools cannot be registered, but who are otherwise eligible.

In the registration acts of the other professions—medicine, pharmacy, etc.—special amendments have been found necessary upon just such lines. The State association before it can take any action, however, must have facts and figures to present to the Legislature before it can ask for an amendment.

In order that evidence may be at hand, every nurse who desires to be registered should file her application in the Regents' office at Albany. Let these applications show just how many hundreds of nurses in good standing are being excluded by the failure of their schools to comply with the standards necessary for registration.

We are inclined to think that carelessness and procrastination have more to do with the slowness of nurses to apply for registration than any real opposition to the act. The work is now going steadily forward. Twenty schools were registered during October and November, which released a large number of the one hundred and thirty-two applications reported October 1 as being held for the registration of the schools.

We would like to hear from the other States where registration is in operation. It would be interesting to our readers to know what the difficulties are, if any, and to what extent conditions are alike in different sections of the country.

#### THE PRACTICAL EXAMINATION.

Nurses who are intending to make application for the January examination in practical nursing need to send to the Nursing Section, Education Department, Albany, N. Y., at once. The same address should be used by those wishing registration blanks for individuals or training-schools.

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#### PROGRESS OF STATE REGISTRATION

THE annual meeting of the New Jersey State Nurses' Association was held in Newark on December 6. Miss Gardner was reelected president. There were about one hundred and twenty members present. Miss S. F. Palmer spoke informally on the importance of uniformity of standards of education in the registration laws of all the States, urging upon the members the need of amending the New Jersey statute so that it should include the best in the acts of the two adjoining States, New York and Pennsylvania.

The Pennsylvania State Nurses' Association held a special meeting

on December 17 in Pittsburg for the purpose of discussing the bill to be presented to the Legislature this winter.

Maryland and Virginia held meetings at the end of December, reports of which will be given in full in February.

The Massachusetts nurses will make a determined effort to secure favorable legislation this winter. A mass meeting is to be held in January.

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### NURSES' JOURNAL OF THE PACIFIC COAST

As we close our pages the first number of the *Nurses' Journal of the Pacific Coast* comes to hand.

We welcome another journal into the field that is "owned, edited, and managed by nurses." With the Pacific journal joining forces with **THE AMERICAN JOURNAL** for the uplifting of nursing standards, progress in all lines of education and registration must be advanced.

The magazine makes an exceedingly handsome appearance, is well edited and printed, and is a great credit to the nursing profession.

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### THE NEW YEAR

THE new year promises to be one of exceptional success to the **JOURNAL** with the awakened interest of the alumnae associations in the **JOURNAL** management. Many of the associations are taking shares of stock in the **JOURNAL** Company and some are considering increasing the annual dues to include the **JOURNAL**. This was the original plan, and when it is brought about we can publish a larger magazine with unlimited space.

To all those working in the **JOURNAL's** interest we send wishes for great success in all their efforts, and to our friends and readers everywhere a Happy New Year.



## SOME QUESTIONABLE NURSING SCHOOLS AND WHAT THEY ARE DOING

By DITA H. KINNEY

Superintendent of the Army Nurse Corps, Washington, D. C.

"To know that you know what you know—and to know that you do not know what you do not know—this is true knowledge."

ONE of the world's great teachers told his students in the introductory remarks to his lecture course that nothing which he might tell them "could of itself be of any real value, because the only knowledge which became one's very own and made a lasting impression was that which was acquired through personal effort, even through suffering and tears." He who would gain great heights must climb, and he who climbs pants from the strain on muscles and nerves. No smooth highway leads to those altitudes, and no ambitious traveller ever arrived at the place of his heart's desire by way of "Easy Street."

Those who have had a large experience in life have learned to look with suspicion upon methods which promise great results and which call for small expenditure, be it of money, effort, or time. Everything in this world must be paid for. So much for so much is the inexorable law, and he who expects something for nothing invites disappointment and chagrin, the intensity of these being in exact proportion to the value of the thing he hoped to secure.

On the other hand, short cuts—the promise of quick results—appeal with singular seductiveness to the impatience of youth. With no one at hand to warn or point out the fallacy of its claims, what young woman can be blamed for jumping at the chance to become "a trained nurse in ten weeks," as the attractive circular of the Philadelphia School for Nurses sets forth? "It teaches the art of nursing in ten weeks—the heart of the art." "It is not the long hospital course." "It is more practical for home work." "It joins trained mind to trained hand." "In strong, progressive, helpful endeavor it has moved quickly and firmly, each step guided by science and grounded on the rock of truth" . . . "the most conspicuous example in the whole realm of human attempt." And then follows extravagant panegyrics under capitalized headings:

"ARE NURSES WANTED? EVERYWHERE!"

"EVERY WOMAN WILL BE A NURSE."

"DISEASE AND DEATH WILL ATTEMPT TO WREST FROM HER HER DEAREST  
AND BEST."

"IT TURNS ANXIETY AND FEAR INTO RESOURCEFULNESS AND POWER."

"UTOPIA RENAISSANT."

"LIFE IS PRECIOUS—NURSING IS LIFE-SAVING."

"THE VISION OF IT." "NOTHING LIKE IT."

A true enough statement surely—and in all reverence I would thank God that it is the only thing of its kind.

The Bulletin (November 1, 1903, No. 1) goes on through its fifty-odd pages to make its appeal to all that is holiest and best in a woman—to her Christianity, to her as a wife, a mother, as a citizen of a suffering world, and, finally, as an investment! To quote again: "Owing to the great demand (for graduates of the school) five hundred paying positions could not be filled" during the past year!

Nor does this most enterprising enterprise stop here. Every three months a new Bulletin appears. There are illustrations of nurses in caps and aprons bandaging the wounded and performing the multifarious duties of the sick-room—bedmaking and changing body and bed clothing. The text is still in the same vein of extravagant bombast:

"BULWARK OF PUBLIC SAFETY, ETC.;"

"SAFEGUARDING THE HOME AND COMMUNITY."

"SOLVED!"

"Will plus means equals power—plus opportunity equals success. . . ."

"This equation has been solved and proved true by hundreds of young women who have come to this school from all parts of the country." (Bulletin No. 2, May 1, 1904.)

Bulletin No. 3 contains a photo of a missionary trained nurse (?) for China and a description of the "farewell service held in her honor."

The climax is, however, reached in an item that states "Miss — will go to Maine in June, *having accepted a position in the — training-school* as a supervising nurse." It certainly behooves the trained nurses of the State of Pennsylvania to hasten the date of the passage of their Registration Bill.

While this movement will in time correct many of the wrongs which must result from such an institution and such a policy, there will always remain a large number of good, earnest young women who know nothing about State registration laws, and who care less because of this ignorance; who never read any nursing magazines; who, having no occasion to compare the qualifications of nurses, in their inexperience take it for granted that one trained nurse is as good as another. How are these to be enlightened and how protected? How saved from the humiliating discovery that they "do not know those things which they thought they knew," that they have been posing for something which they thought they were, and now find that they are not? How these "graduates" are misled



and deceived may be gathered from the following incident: One of them applied for admission to the Army Nurse Corps. The usual papers were sent her, and in reply to the question, "What experience have you had in the administrative work of a hospital?" she naively replied: "I was never in any hospital, and have only had one case. This was typhoid fever. I only stayed a short time. I got so tired that I got sick myself"! No wonder, poor child! A case of typhoid presented from the lecture platform and the actual work to be done at the bedside of such a patient are quite separate and distinct affairs, and the endurance necessary for a nurse is not learned by hearing it discussed.

But the shame and pity of it all is the greater because much good might result from this course if, instead of making extravagant claims, these lecturers kept ever before their audiences the inevitable limitations of this kind of study. Then, indeed, the projectors of the enterprise might well claim for their school an educational value.

No falsehoods are so insidious and so dangerous as those which are half truths, and the fact that there is a legitimate sphere for work such as the Philadelphia School really does makes its appeals all the more alluring to the young and inexperienced. Someone wise in his generation says, "Most of the unhappiness of the world comes from trying to be what one is not." Mortification and keen disappointment must be the bitter portion of those graduates who later must come to realize that their true status in the nursing profession is not at all what their school has claimed it to be.

The *Journal of American Medicine* of March 26, 1904, has the following, which sums up the situation with great force and justice:

"The trained nurses of the country should hasten to effect their organizations, for it is only through union and corporate power that they and their allies, the medical profession, can secure laws to protect them and the public from quack nursing schools. The astute owners of the schools are financially cunning. The numbers of such institutions are indeed multiplying rapidly, and are pouring out their "graduates" as numerously as possible while yet an unaroused public sentiment may permit. The president of one of these schools is sending out appeals to physicians which show a curious mixture of characteristics. Here is one written upon the official paper of the "president" of the school and addressed to himself:

"Hon. — — —"

"DEAR SIR: I am in sympathy with extending information regarding the nursing of the sick as widely as possible. You are permitted to refer to me in the matter as occasion may arise, it being understood that this permission does not carry with it any financial responsibility. Very truly yours,

"— — —"

To this strabismic letter our correspondent answered:

"Hon. ————

"DEAR SIR: Your letter inviting my signature to the blank form recommending directly the more general dissemination of knowledge of nursing, and indirectly the Philadelphia School for Nurses, is received. The first thought receives my unqualified commendation and support; the second, the Philadelphia School for Nurses, in its present aims and claims, a decidedly qualified support. We can heartily commend this school to wives, sisters, and mothers who desire to minister more intelligently to the needs of the sick ones in their homes—that is, we recommend it to persons who do not intend to make a profession of the art of nursing.

"On pages 21 and 27 of the report of your school we note that you distinctly propose that your graduates shall enter the professional field, and shall pose on terms of equality with the women who have worked and studied the practical and scientific art of nursing for two or more years in some well-appointed hospital. A sick person looking for a nurse is not supposed to be acquainted with the kind of equipment possessed by the candidate for the place. He can be deluded by thinking that a trained nurse should naturally mean one thoroughly trained in practical nursing. We are constrained to say we believe your school in this respect is enacting what should be made a criminal rôle. You are an eminent jurist, and I would ask whether in all fairness there should not be some well-understood public distinction made between a course of ten weeks in theoretic (possibly a semblance of practical) nursing, and one of two or more years' painstaking effort in a hospital? Has not sick humanity a right to be protected from such imposition? Wishing the institution all success in its proper sphere, I am respectfully yours,

"H. C. MASLAND."

While there are no other of these schools so far as I can learn which are so wide awake and which follow so aggressive a policy as the Philadelphia School, there are several others in various parts of the country, each employing its own method to reach the public and gather unto itself such patronage as it can. Each is a money-making scheme, playing upon the credulity of its victims and imposing its graduates upon the public as qualified trained nurses.

The New Jersey Training-School of Camden provides "for instruction without residence in or connection with any hospital. Clinical and didactic instruction is given by twenty-seven physicians and three nurses at various hospitals and dispensaries. The charge for the course (two sessions of eight months each) is fifty dollars. Up to 1898 the school had graduated sixty-one" (Jane Hodson: "How to Become a Trained Nurse").

The Chicago College for Nurses is modelled upon somewhat the same lines as the New Jersey Training-School, but unquestionably offers far better instruction because it has its own hospital of fifty beds (American Hospital, 333-39 South Lincoln Street, Chicago), and all the nursing in this institution is done by the students. The full course consists of

four terms of three months each,—i.e., four terms are required for graduation, no two following successively. Thus, if a student enters October 1, that course of lectures will end December 31. Students will not be allowed to again attend lectures before April 1; the three months intervening must be spent in the hospital or on outside cases.

In the reply sent an applicant it is stated: "We make it a point to secure employment for our students, so they may be self-supporting (by nursing?) from the start if they so desire." The lecture course as presented by the schedule seems to be admirable, but imagine what the qualifications of a surgical nurse must be with three hours a week given to "surgical nursing" and one hour weekly to "surgical technique," as is set forth in the annual announcement for the current year.

The Chautauqua School of Nursing, incorporated under the laws of the State of New York, furnishes still another type. The course here is carried on by correspondence and those taking it are promised, "With the exact knowledge and the assurance which this alone can give, she (the student) has the only and the invaluable foundation for a career of lucrative and unlimited success." The circular makes it all so simple and so easy, and with a cleverness which one cannot fail to admire gives the assurance that, having written her letters on nursing for a year and graduated (?), she should then "begin with the simpler cases and so work up to the more difficult ones." It asserts that women taking the course have been "carried step by step 'through the entire range of the Art of Nursing'" (note "the entire range"). It does not inform its graduate (who supposed herself to be a properly trained nurse and has announced herself as such) how she can be certain just what the first case to which she may be summoned may be. If she is in very truth a trained nurse, the greater the need for her services, the less will she be able to refuse to go. She has made up her mind she will take a case of cold in the head—and she is summoned to a patient with hydrophobia, pneumonia, or typhoid! What the poor so-called nurse is to do in this dire dilemma the circular does not explain for her guidance. Whichever alternative she chooses, she escapes Scylla to be wrecked on Charybdis. She must take what is offered, or admit that she dare not assume the responsibility as a doctor's lieutenant in the fight between life and death. To say the least, hers is not an enviable position, and the pitiful part is that she has, all unconsciously and with the best of intent, been placed in it by the misrepresentation of those whom she trusted.

The circular urges its claim to the superiority of its methods by drawing attention to the recent change in training-school methods—the preliminary education of the probationer before her admission to hospital wards. "Compare," it says, "this opportunity with the arduous and

disciplinary routine of the training-school"—and I wish it were possible to shout into all ears of prospective students: "*Yes, compare it!*"

The circular goes on to dwell upon the value of the "*intimate acquaintance* which springs up between preceptor and pupil" by the weekly letter (!). It further asserts that the student of average ability (and who would admit that she had not at least *that*?) can complete the course in general nursing in six months, and states that "many of the students engage in nursing" (we do not doubt it) "and thus defray the cost of their tuition even before completing the course."

The registration laws will eventually protect the public—if it chooses to be protected; but how can we reach and save the mass of young women who are caught by wild assertions and make them understand what training really means?—show them that it is far more than mere technical knowledge or even skill, ask them how they are to learn endurance, to bear responsibility, to systematize their work, to note the thousand and one details of look, manner, and appearance which are so significant in a patient, and the knowledge of which constitutes largely the value to the physician of a nurse's services? The absurdity of the Chautauqua scheme is not less evident than it would be to attempt to make a pianist by correspondence. It would be easily possible to use a convenient table, window-sill, or even a mock keyboard, which could be supplied at trifling cost. Upon these the student could acquire a correct position of the hands, a strong, hammer-like blow of the fingers, and the correct passing of thumb and fingers under and over in the scales. She might be led progressively through the studies of "Liebert and Stark," Czerny, Cramer, and Moscheles, following these with Liszt, Beethoven, Schumann, and Chopin (always practising in dumb show on the table or sill). Having thus in due time been carried through the classics of music, she is graduated and ready to take her place in the musical world as a pianist.

Imagine her feelings, and picture what her performance will be when she is brought face to face for the first time with a real, live piano! What good are her strong, supple fingers? And yet she will be hardly more at a loss than was our poor little girl who saw in her first case a patient with typhoid fever!



**INFANT FEEDING**

By HELEN MARION WARFIELD

Graduate Children's Hospital, Boston, Supervisor of Wards

PROBABLY no advance which recent medicine has made has had a greater effect upon the sum total of human health than the new methods of infant feeding. Progress in this line has had a double impetus—one, the natural stimulation which research in any department of medical science is bound to give the whole subject; the other, that the number of mothers who, for various reasons, are unable to nurse their infants is constantly on the increase with a growing demand for substitute nourishment—and the necessity for knowledge is often the mother of its supply.

No methods are superior to nature's, and the form of artificial food which most closely simulates the natural article is obviously best adapted to the purpose. The most perfect substitute, therefore, is a wet-nurse whose own infant is of the same age as the child whose normal nourishment is denied it. This being difficult and in many cases impossible to provide, recourse is usually had to some other animal milk than the human.

We often hear milk spoken of as a "perfect food," but a food to merit such a title must conform to many tests. Among others it must not only contain the required elements of nutrition, but the constituents must be so combined as to furnish the proper nourishment. The nourishment which nature adapts to the requirements of a calf or goat or ass differs in its natural state in many ways from that which the digestion of the human infant demands.

All milk is composed of about eighty-eight per cent. of water with a varying degree of fat, carbohydrate, proteid elements, and salts, according to its source. Human milk also varies greatly according to the period of lactation, growing weaker in solid constituents until by the end of the first year it no longer contains sufficient nourishment to meet the demands of the infant system. Analyses of human milk assay approximately four per cent. fat, seven per cent. sugar, 1.5 per cent. proteid, one-tenth to two-tenths of one per cent. salts, and about eighty-eight per cent. of water. This, then, is to be our standard; from some other source we are to evolve a food of equivalent composition.

Various physicians have different preferences,—for ass's, mare's, or goat's milk,—based upon the ground that they are more closely allied to human milk, not necessarily in percentage, but in the character of the constituents. But these sources are open to the same objection as the



wet-nurse—i.e., in the majority of cases they are out of the question from the expense and difficulty of attainment. Modified cow's milk is the almost universal substitute, and the milk to be most desired is mixed milk from a herd of healthy, hygienically cared for cows, composed chiefly of the Durham and Holstein breeds, with a few Jerseys in the group. Jersey milk alone is too rich in fat for most babies to digest, while the Durham and Holstein milk is rather deficient in it. The old idea of the desirability of the daily supply from one cow on the ground of its uniformity has been annihilated. Supply from a mixed herd under the same conditions is much more uniform, being less affected from day to day by individual indisposition or other change of conditions.

The approximate percentages of the solids of whole cow's milk are about four per cent. fat, four per cent. sugar, and four per cent. proteid. With the exception of fat the proportions are therefore quite different from our model, and it is evident that we cannot arrive at it by mere dilution, since the dilution of one factor must lower the other ingredients proportionately. Our standard can, however, be partially obtained by the dilution of the top instead of the whole milk.

The proportions of the solids of milk set to rise for eight hours are about:

10 per cent. fat, 4 per cent. sugar, 4 per cent. proteid in the upper third.

12 per cent. fat, 4 per cent. sugar, 3.8 per cent. proteid in the upper fourth.

16 per cent. fat, 4 per cent. sugar, 3.6 per cent. proteid in the upper sixth.

From the fact that the ratio of the fat increases according to the nearness of the top, it is, of course, necessary to remove the entire portion which contains the percentage whose dilution will assay the required fat and stir this thoroughly before using, in order that the fat percentage may be uniform throughout the mass. By the centrifugal separator used in laboratories and creameries the heavier constituents are more quickly and thoroughly precipitated, while the fat, being lighter, rises, and cream may be obtained having as high as sixty-five per cent. fat. Obviously we can only obtain the proportions we desire by the use of cream. For most purposes a gravity cream of ten per cent. fat will be sufficient, but if we desire a relatively low proteid we must use a cream of higher percentage.

A centrifugal cream of sixteen per cent. fat, containing four per cent. sugar and 3.6 per cent. proteid, has the advantage of giving a high fat with a proportionately very low proteid, and can therefore be used as a foundation of almost any modification that can be required. With this as our base we should need to use one part of cream to three parts of

water to obtain four per cent. fat in our mixture, which would therefore give us one per cent. sugar and .9 per cent. proteid. If, now, we are modifying to a 1.5 per cent. proteid, we must add some agent which contains proteid, but which shall be at the same time fatless. This agent we have in fat-free milk. The lower fourth of milk set eight hours is practically fatless, and a much larger proportion of milk whose cream has been removed by the centrifugal separator is without fat.

Now this milk contains the same proportion of sugar as whole milk and cream, and in adding the number of cubic centimetres or ounces required to bring the proteid constituents to the formula we are also adding sugar. Sugar being, however, the chief solid constituent of human milk, we shall still be short of the percentage required. This we increase by adding commercial sugar of milk. This form of sugar is exactly the same article as is already in solution in the milk. It is prepared from milk separated and evaporated and differs very materially from vegetable sugar. Its chief difference and advantage in infant feeding lies in the fact that it is the form of sugar which is least liable to undergo fermentation in the digestive tract.

Milk-sugar is usually measured in small sugar dippers and the amount necessary to add to the mixture is reckoned as so many measures of sugar, with the quantity contained in the cup as the unit of measurement. It is about equivalent to a tablespoonful and corresponds to a little more than half an ounce in weight.

The sugar is figured last for obvious reasons, but in preparing a modification it is the first ingredient which is put into the sterile pitcher or jar. To this is added the diluent, usually boiled water, hot or cold, in which it is thoroughly dissolved. The sugar is not very completely dissolved in the milk if added last. It dissolves most quickly and thoroughly in hot water, but this necessitates chilling before the addition of cream and milk to avoid that temperature half way between heat and cold which is one of the most favorable conditions for the growth of bacteria.

It is, of course, necessary to heat the milk to serve, but if the bottle containing the amount of the feeding is put into cold water and quickly brought to the temperature of the stomach, and given at once through a sterile nipple, the danger of influencing the growth of germs is very little.

The mineral matter of both cow's and human milk is composed of a small amount of lime, magnesium, calcium, chlorine, sulphur, potash, and phosphorus. At present no attempt is being made to modify these constituents, though the differences cannot by any means be disregarded, the reaction of the salts upon the other ingredients during digestion being distinctly in favor of human milk.

We have now, as far as percentages are concerned, obtained a creditable substitute for human milk. Nevertheless, there are still several points of difference which we have not considered. A very important one is the reaction. Milk from the breast or udder is neutral or faintly alkaline, but speedily becomes acid upon standing. To counteract this acidity it is necessary to use some alkaline agent. The best one for the purpose is lime-water, as its reaction upon the proteid has some effect upon the toughness of the curd. About six per cent. is usually enough to restore the mixture to neutrality, though lime-water up to twenty-five to fifty per cent. is sometimes given to aid digestion as a diluent or to counteract excessive acidity of the gastric juice.

Also, while milk freshly drawn is a sterile fluid, it furnishes one of the best media we have for the growth of germs; some forms which grow but sluggishly in bouillon, gelatine, or agar-agar thrive exuberantly in milk. It has also a remarkable power of absorbing odors. For these reasons milk should always be kept covered, in a cold place, and apart from other foods. Even with such precautions, however, it often seems unwise to introduce a fluid open to any suspicion into a baby's alimentary canal, and in cases of enteric disturbance milk is usually pasteurized or sterilized.

Pasteurization consists in quickly heating the milk to a temperature of 155° F., maintaining this heat for fifteen or twenty minutes, and immediately cooling again. At this temperature the greater part of the bacteria in the milk are destroyed and the character of the food is still unchanged. At any higher degree the digestibility of the milk is interfered with by the coagulation of the casein of the proteid.

The advantages of sterilization are also predominant over its disadvantages in cases of possibly infected milk supply, the necessity for keeping for several days, or in fermental or bacterial diseases of the enteric tract. A temperature of 212° F. maintained for twenty minutes will kill all germs, including the bacteria which act upon the sugar to form lactic acid, the cause of so-called "sour" milk. If kept tightly covered, this food will be found unchanged days or weeks later, especially if it is subjected in this interval to heat for three successive days.

To the advantages of sterilization, however, we have sacrificed the freshness of the food,—a characteristic of our model milk,—we have cooked part of the proteid into a tough coagulum difficult to digest, and we have changed the taste of the milk by caramelizing the sugar. Moreover, it is in the train of cooked and patent foods that scorbutus and rachitis follow, and a sterilized diet is nowadays usually discontinued as soon as conditions warrant its omission.

The lime-water should be added to sterilized milk just before heating

to serve, as the albuminoids are more or less decomposed by boiling in an alkaline solution, and the taste of the milk is still further affected by the action of the lime upon the sugar in cooking.

We have yet another important comparison to make between the natural and our substitute food, namely, in the character of the constituents themselves. It is not enough that we should obtain a food of similar percentages and reaction; medical science now aims to provide a food of equivalent digestibility.

Now the fat of all milk is made up of minute globules, some one million five hundred thousand in each drop. Manifestly the fineness of this emulsion favors its digestibility, since the finer the division the less work will be put upon the digestive organs in its assimilation. The fat of human milk taxes the infant digestion less than cow's milk for the reason that these fat droplets are of smaller size and have thinner envelopes, and in prescribing a substitute milk it is therefore customary to order one whose fat is of slightly less percentage than that which the same baby would be fed from its mother's breast.

Although, as we have seen, we are able to reproduce exactly the carbohydrate of human milk, the proteid constituents present another difficulty, and one which is of great moment to a delicate infantile digestion.

The proteid of both milks is made up of two elements, lactalbumin and caseinogen. Milk upon entering the stomach is first acted upon by the rennin enzyme of the gastric juice, which coagulates the caseinogen into a tough, leathery mass. Lactalbumin escapes this extreme degree of coagulation, forming a loose, friable curd, readily acted upon by the next ferment of digestion.

Now the proteid of human milk is composed chiefly of this easily digested element, the proportion being about two-thirds lactalbumin to one-third caseinogen, as opposed to one-sixth lactalbumin and five-sixths caseinogen in cow's milk. This must also be taken into consideration in substituting a modified milk for a baby's natural supply, and a lower percentage of the proteid element given in order to avoid too great a tax upon the baby's power of digesting casein. In substituting for a human 4, 7, 1.5 the baby would probably be prescribed a modified 3, 6, 1. He stands a better chance of ultimately digesting a higher percentage of nourishment if started on a weak mixture and brought up to his point of tolerance than if his feeding is adjusted by a descending scale.

One of the most recent advances in infant feeding, however, relates to this matter of the proteid elements. By the use of whey the constituents can be so modified that they correspond very nearly to our

human sample. Whey is the exudate from clotted milk and contains its water, sugar, salts, and lactalbumin, the fat and caseinogen being coagulated in the curd. It is obtained by a partial artificial digestion of skim milk through the addition of some agent containing rennin—Shinn's liquid rennet, pancreatin extract, junket tablets, wine or fruit acids—to the slightly warmed milk, which is allowed to stand until set, the curd then broken up with a fork or spoon and strained through fine muslin. The fluid should then be heated to a temperature of 155° F. to destroy the rennin. The resulting whey should contain about four-fifths of the bulk of the milk.

Every ounce of whey in a twenty-ounce mixture will add five-one-hundredths of one per cent. lactalbumin to the proteid, and since whey contains the sugar of the milk, the sugar will be increased one-fourth of one per cent.

It is evident that in a high-percentage cream from which to obtain the fat desired, skim milk to add whatever casein may be lacking in the cream, whey to furnish the required amount of lactalbumin, and milk-sugar to provide whatever carbohydrate may still be wanting, we have sufficient material to very nearly approximate our model food; and if this is prepared from milk of trustworthy source, under conditions which are as far as possible aseptic, every ingredient carefully measured, the amount of each feeding poured into a sterile tube, stoppered with sterile cotton and kept ice-cold until time of using, then only heated to the temperature of the stomach and served at once through a sterile nipple, we have approximated—to the extent of our ability, at any rate—the relative composition, freshness, and freedom from germs of the maternal food.

This method, however, has its opposers on account of the separation and recombination which it necessitates. The objection is that so much handling is neither conducive to the sterility of the milk, nor do the elements recombine with the same readiness when once separated. There is a means of rendering the proteid more digestible which is certainly simpler than the whey modification. It is by the use of cereal water as a diluent. This does not increase the lactalbumin nor does it decrease the caseinogen, but it prevents by its mucilaginous qualities the formation of a dense clot, keeping it loose and flocculent and less resistant to further digestion. In these instances barley-water is the diluent chiefly used, both on account of its demulcent characteristics and its relatively small percentage of starch (about one per cent.). Oatmeal-water not only adds a certain amount of fat, but has a sometimes undesirable laxative effect for that reason. There are several different strengths of cereal waters in use as diluents by different physicians. A common proportion is two ounces of barley or oatmeal flour, made into a paste,



to one quart of boiling water; after boiling twenty minutes this is strained, enough boiled water added to replace that lost by evaporation, and cooled. In making cereal gruel for older babies who are being weaned, to whole milk twice the amount of flour is used, and for cereal jelly three times the amount.

Theoretically, however, this method is also open to objection. All cereals are chiefly starch, and one of the greatest claims that milk can make to being a perfect infant food is that, its carbohydrate being all sugar, it introduces no element which can hamper an infant digestion from its undeveloped power of assimilating starch.

Attempts have been made to overcome the objection of this foreign element of starch in the diluent by predigesting it before addition. There are several preparations on the market for this purpose. They contain a diastase ferment derived from malted cereal which converts starch into sugar—maltose or dextrin—according to the degree of heat used. Neither of these sugars, though differing from lactose, or milk-sugar, offer any great degree of resistance to an infant's digestive efforts, and there are cases of bacterial enteric infection in which the culture-growing property of milk contraindicates its use, and the child subsists very well upon predigested cereal water, animal broths, or some patent food until the bacterial activity has subsided.

The stools and daily weight are the chief indices of the infant digestion and absorption. Normally they are smooth and yellow, partially formed, and of little odor. If the diet contains a greater quantity of fat than the system can absorb, they will be loose and slimy. Too high a sugar causes acid stools of sour odor and irritating to the skin. The green color of stools is usually caused by bacteria, which, though a foreign element, are not necessarily pathogenic.

In justice to food it must be said, however, that the appearance of the stools does not indicate disorders of digestion alone. So sympathetic is one part of a baby's system with every other part that the nervous disturbances of teething or excitement, temperature, etc., will also usually alter the character of the stools while the disturbance lasts.

Yet in spite of research and progress, the last word on infant feeding is yet to be spoken. Personal idiosyncrasy counts for no more anywhere than here. Each physician who undertakes a "feeding case" starts out to discover a new country or conquer a new world. The vagaries of infant digestion are inexplicable and endless, and a food prescription which is one baby's meat may be his twin brother's poison. A good infants' physician has not only a wide and unprejudiced knowledge of the subject, but infinite patience, adaptability, and resource, and the best infants'

nurse is the one to whom no slightest detail of hygiene, absolute cleanliness, regularity, or comfort is anything less than of the utmost importance. The balance often hangs by a thread, and the scale may be turned by an unsuitable nipple on the nursing-bottle.

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## **A NEW CRANFORD: BEING A MORE OR LESS TRUE ACCOUNT OF AN EXPERIMENT**

**DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST  
UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING**

By ISABEL McISAAC.

Late Superintendent of the Illinois Training-School, Chicago

(Continued from page 139)

### **II. WILLIAM THE CONQUEROR**

BUYING a horse is a serious undertaking for womenfolk who are entirely inexperienced, but Euphemia's best friend, Rachel, knew a man whose brother-in-law had a beast to sell which was highly recommended. The man Miss Rachel knew being a proper sort of person who could be depended upon, as far as any masculine being can be concerning horses, we bought Billy. Billy's former owner said he was "used to women, quite safe but playful," and Euphemia still contends that the man told the truth; but no dictionary I ever saw defines playfulness as a systematic determination to break people's necks, and if Billy's behavior is playful, for my part I prefer something less coquettish.

The first day Euphemia took him out she was to drive him over our own road, which was heavy with snow, while I got into my coat and rubbers. Fortunately, I happened to look out just in time to see the sleigh turn over and Euphemia and Billy disappear with great suddenness. As the road is on the side of a very steep bluff, I fully expected to find them in small pieces in the bottom of the ravine, but they were lying on the hillside in a hopeless tangle of snow, harness, cushions, robes, and kicking hoofs, and only after much shovelling, cutting of straps, and the most terrifying plunges did we get them right side up. At this point Euphemia decided to make Billy walk down the soft road without the sleigh while she walked behind, driving him; but his ideas were not here, and after going very demurely half-a-dozen steps he spied the red barn on the top of the hill, and instead of retracing his steps over

the half-broken road he suddenly bolted up the steepest part of the bluff, where the snow came up to his body, dragging Euphemia after him over the drifts exactly like two enormous flies going up a wall, and leaving me, speechless with fright, gaping after them.

We spent the rest of the day digging out the sleigh and drying his harness, and the day following ventured out once more. This time Billy inaugurated the occasion by lying down and rolling over before we were fairly in the sleigh, and then Euphemia rose in her might and plied him with the whip and "languages" which made him understand her displeasure. Later on he bit her in the arm; but in spite of it all she still insists that he is only playful, but I hold that he is downright vicious, and I foresee my doom on that picturesque road.

One thing, however, I have noticed more recently is Euphemia's manner of addressing him; at first it was "Billy," but of late I frequently hear her saying "Bill" in stentorian tones, and more than once it has been qualified as only stage-drivers and such-like persons can do, and I fear Tom's Sunday-school instruction will be woefully counteracted, as there seems to be no hope of Billy's reformation, and he certainly would aggravate a far more saintly temper than Euphemia's. He behaves exactly like a spoiled child, will hang his head and sulk when things do not suit him, and at other times be so tractable that we call him the "angel child." When he is in a temper he will see-saw back and forth, bumping every fruit-tree on both sides or back up twice as far as is wanted, or plunge ahead in such leaps one's head is fairly snapped off like a sunflower in the wind.

One of his pet aversions is having his legs brushed; he invariably kicks and bites, the only safe way of doing it being to tie him between two trees, which keeps him from rearing up. Another charming habit he has is poking along at a regular farmer's jog-trot on the way to town and coming home like a meteor. It would be a difficult problem to solve how many miles an hour he goes coming home when he makes only two miles an hour going. When Euphemia drives he knows that a certain amount of good behavior is required, but when I have the reins he meanders in his own sweet way, responding to my timid touches with the whip by tossing his head and tail in the most saucy fashion or scaring me half to death by his leaps. I have never been courageous enough to drive him down our own hill road; he behaves fairly well coming up but he hates holding back the buggy and especially the wagonette, which is heavy, and so sidles and prances and flirts his tail, threatening every second to plunge the whole of us down the steep sides of the ravine, until I feel like the old man who said that when his horse ran away and he was facing sudden

death the only prayer he could think of was, "The Lord make us thankful for what we are about to receive."

Every man who has been on the place is afraid of him. One luckless youth did land himself and Billy and a load of bricks in a heap by the roadside, for which Euphemia blamed him unjustly, I thought, knowing William the Conqueror so well. Why they were not both killed outright is past finding out.

(To be continued.)

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## COOKING FOR INVALIDS

By ANNE BARROWS

Boston, Mass.

EVERY woman at some time in her life is liable to have charge of the preparation of food for a sick person. Some think little about it, and simply serve portions of the family diet; others seem to think that cookery for invalids has nothing in common with the preparation of food for those in average health.

Between these extreme points of view there may be a middle-ground of safe procedure for those who have the care of semi-invalids.

Medicated foods should be given only under the direction of the physician, though he too often has known little about the preparation of foods or their effect on the body. But a better day is coming, and more attention is given every year to the choice of foods for well and sick. If as great care were given to cookery for the well as we are willing to bestow upon cookery for the sick, the doctors and nurses would be less busy.

The principal points of difference between food for sick and well lie in service rather than in actual cooking. The same food-substances must be depended upon in both cases and the same laws of fire and water prevail. But for the sick we are careful that each food shall be clean, wholesome, cooked as simply as possible: then we serve it in small portions, at frequent intervals, and, especially for the very weak, in dilute form.

The methods that prevail in the public-school cooking-class rooms are calculated to develop the thoughtfulness, foresight, and care in details necessary for the feeding of invalids. Nearly every course of

lessons in cooking given in our public schools includes one or more devoted to the preparation of dishes for invalids.

The accompanying illustrations show the actual work of a class of girls at Robinson Seminary, Exeter, N. H., prepared under the trying conditions of "visiting day." The subject of the lesson for these public days is deliberately selected from the list of plain necessities of life—bread, potatoes, and similar topics having done duty in previous years.

This particular lesson was chosen not only because it was upon a different subject which should be of general interest, but because it gave opportunity for a review of many principles which the girls had considered in other forms in previous lessons.

Each group of five or six girls at different tables prepared a tray for one meal. The dishes may be thought to be a trifle substantial, unless for the semi-invalid or convalescent, but broths and jellies were reserved for the work of another class.

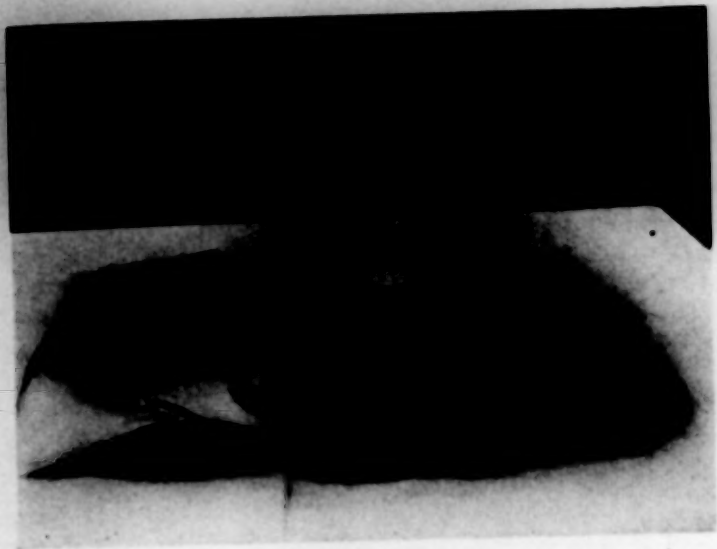
The first group prepared breakfast. The farina—free from lumps, delicately salted, and thoroughly cooked—was moulded in tiny melon-shapes. These may be kept hot in the moulds until ready to eat, or in summer-time served cold. With this were prunes soaked twenty-four hours till plump, then cooked gently until the skins were tender, and only slightly sweetened. The beverage was "crust-coffee," made from the browned crusts of the home-made New England—"Boston"—brown bread, an article superior to most trade cereal coffees. These three dishes would be a fair breakfast for many; certainly with either of the others shown in the cut. On the left is an egg baked slowly, till jelly-like, in a case of bread, which is well-toasted in the process; with this are two of the hollow crusts known as "pop-overs." Beyond is a dish of creamed-chicken with a bit of green parsley to relieve its pale color.

Luncheon, as arranged at another table, consisted of a timbal of chicken cooked in a star-shaped mould and a small portion of egg-salad with a roll; the cup of cocoa and the glass of apple-snow made an appetizing dessert.

Another group of girls prepared a similar tray, which was labelled "tea," but might also have been served as luncheon. On this were a glass of cold tea with thin slices of lemon, an individual nappie of scalloped oysters, with bread-and-butter sandwiches. As a second course there were a silver-and-gold custard and a piece of real sponge-cake, such as our great-grandmothers called "diet-bread."

The fourth group of girls prepared the tray for dinner. There was a cup of cream-of-chicken soup, accompanied by some croutons. The piece of tenderloin-steak was broiled until plump and juicy, and to go

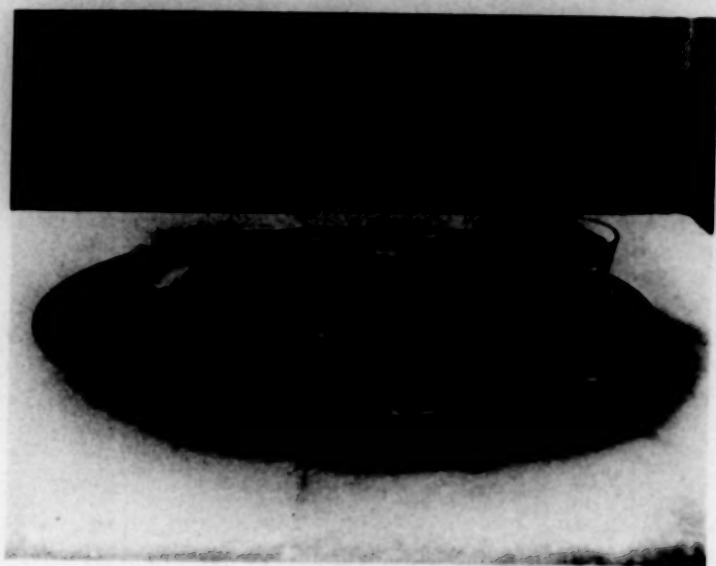




BREAKFAST



LUNCHEON



DINNER

with it were some little potato-puffs—the half-skins of baked potatoes filled with their original contents, to which had been added cream, seasoning, and stiff white-of-egg. To give relish to this course was a tiny mould of tomato-jelly on a lettuce-leaf. The dessert consisted of an apple-tapioca pudding—a fine, whole apple baked tender in the tapioca and served with cream.

The rather limited furnishings of the school-room left many things to be desired, especially as regards the quality of the dishes in which the food had to be served. The size of the only available trays was too limited to properly accommodate the contents. But such conditions must be met in the homes of the pupils, and in the school the girls were led to do what we all must do—the best possible with the things as they are.

No provision was made in this case for serving in courses, or covering foods to be kept hot, etc., etc., because these trays, prepared in the forenoon, were placed on exhibition in the upper-hall for the afternoon.

The principle to be considered in the preparation of foods for invalids is to provide food which will contain a sufficient amount of proper nourishment, and to serve it in such a manner as will please the eye of the invalid and stimulate the appetite and the mind.

#### RECIPES

**CREAM OF CHICKEN SOUP.**—Cook bits of onion and celery in one cup of chicken stock till it is reduced one-half. Make a white sauce with one teaspoonful of butter, one teaspoonful of flour, and one-half cup of milk. Mix stock and sauce, season with salt and pepper, and strain. If too thick, add stock or milk. Serve with croutons.

**CHICKEN TIMBAL.**—Mix one cup chopped chicken, one cup bread crumbs, one beaten egg, and one-half cup milk. Season slightly with salt, pepper, and celery salt. Pack in buttered moulds and steam or bake about fifteen minutes.

**APPLE SNOW.**—Bake or steam a large apple, mash and sift the pulp. Beat the white of an egg stiff. Into it gradually beat the apple-pulp and sweeten slightly. Serve with cream or with a custard made from the yolk of the egg, one-half cup milk, and one teaspoonful of sugar.

**SPONGE CAKE.**—Two large eggs, one-half cup sugar, one-half cup flour, rind and juice of one-fourth of a lemon. Beat yolks of eggs, add sugar and lemon, and beat again. Fold in stiff whites and flour. Bake slowly.

**APPLE WATER.**—Wipe an apple carefully, remove core, and cut skin and pulp in thin slices. Over it pour one cup of boiling water. Let stand till cold, strain, sweeten, and add lemon-juice if needed.

**LEMON ICE.**—Squeeze the juice from a lemon, mix with one-fourth

cup sugar and one cup water. Put in a small can, pack with ice and salt around it. Turn the can often and occasionally stir up the ice as it forms inside the can.

**BEEF JUICE.**—Broil a piece of thick, round steak for about three minutes. Cut in small bits and press juice through a lemon-squeezer or potato-ricer into a hot cup. This may be diluted with hot water and should be seasoned carefully.

**CHICKEN JELLY.**—Soak two teaspoonfuls of granulated gelatine in one-fourth cup of cold water. Dissolve with three-fourths cup of strong hot chicken stock. Flavor with salt, pepper, and celery salt. Bits of chicken can be moulded in this jelly if desired.

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### THE NEW YORK HOSPITAL CLUB BAZAAR

ON Tuesday and Wednesday afternoons and evenings of November 29 and 30, 1904, the Graduate Nurses' Club of the New York Hospital held a bazaar in the Nurses' Home at the hospital to secure funds for the cancellation of the indebtedness of their new Club-House, 8 West Ninety-second Street. With the gifts of money and sale of articles the sum of six thousand dollars was realized, which puts the club on a firm basis, free of debt, so that it will in the future be self-sustaining. The very liberal patronage of friends was greatly appreciated by the nurses. Besides the use of the rooms at the hospital, the Board of Governors gave twenty-three hundred and twenty-five dollars in money as well as patronizing the bazaar. Mr. George S. Bowdoin gave two hundred dollars, which, with other gifts of money, enabled the bazaar to open with three thousand dollars on hand. The spacious reception-rooms were most admirably suited for the purpose, and the beautiful decorations made a scene never to be forgotten. The very large booth for fancy work, abundantly supplied with everything useful and ornamental, from hat-pin holders to exquisite lingerie, was almost entirely the work of the club members, as well as all of the beautiful paper flowers which so effectively ornamented the various booths and tea-room.

The club members, dressed in spotless white, cap, and medal, were flitting about with smiles and gracious words, so happy over the result of their labor.

The candy booth, dazzling in yellow drapery, with chrysanthemums

and electric lights all over, was most attractive, and the sweets manufactured by the club members were in great demand.

The doll booth in white and green, with white chrysanthemums profusely ornamenting it, made a lovely background for the dainty ladies in a variety of costumes, from the very practical attire of a nurse in training, to elaborate evening dress, and though prices ranged all the way up to twenty-five dollars, not a little lady was left.

The flower booth, brilliant in carnations, chrysanthemums, violets, and American Beauty roses of the real sort, furnished by Mrs. William Rockefeller on Tuesday, and Mrs. John Sloane on Wednesday, with contributions from Mrs. E. C. Kirkland and the Ladies' Bowling Club, lent great charm to the scene and swelled the treasury as well.

The household table, attractive to the practical minded, and the washable rugs made of discarded uniforms were quite the feature. Merry and social evenings were enjoyed at the club, where sewing-bees were in vogue to cut and sew carpet-rags for these rugs, which are much more beautiful than anyone conceived while sewing.

There was a table for pictures and books, a room for brass articles, a gypsy's tent, dark and weird, where palms were read, a grass-strewn Indian nook where well-impersonated squaws sold their wares of blankets, baskets, and beads, and when one of them appeared Wednesday evening with a real live papoose (borrowed from the babies' ward) on her back everything else was for the time forgotten.

The Dutch booth, built in the likeness of an old-fashioned wind-mill, replete with real Dutch dolls and other articles, was presided over by a wee maiden in Dutch costume of cap, red dress, blue apron, and two little wooden shoes.

The nurses in the Training-School, who will some day be club members, clad in the beloved blue gown, apron, cap, and kerchief, presided over a booth all their own, done in green, with morning-glories trailing all over it. Though fashioned of crepe paper by the deft fingers of the nurses, they were none the less realistic. The many useful and beautiful articles were also the work of their hands.

The Lemon Lady furnished much amusement, and greatly helped to fill the coffers, also a side show, "Hokey-Pokey, Winky-Wam of Wambo."

Downstairs was the inviting restfulness of the most beautiful tea-room one ever saw, with scarlet poppies everywhere, beautiful tables, soft sofas, rich hangings, while on the centre table hissed and sputtered an old brass samovar on an elegant circular brass tray, which once did service in a little railway station in Russia.



Mrs. Clarence Mackay added to many other kindnesses by graciously presiding at the tea-table on Wednesday afternoon.

Miss Irene H. Sutliff, chairman of the Bazaar Committee, was most ably assisted by Miss Anne Goodrich, superintendent of the Training-School, Miss Kitty MacDairmid, housekeeper, and their staff. These women seemed to be everywhere, helping everybody, directing and managing, and much is due them for the beautiful result of the whole arrangement.



**RECTAL FEEDING.**—The *Journal of the American Medical Association*, abstracting a paper in a German contemporary, says: "From his review of one hundred and twenty-eight articles on the subject of feeding by the rectum Reach thinks we can safely count on the carbohydrates being absorbed by the rectum in considerable amounts and utilized by the organism, although the absorption is not complete. Fats are not taken up well in nutrient enemata, but their absorption can be promoted by addition of pancreas, which has also a favoring action on absorption of albumin. The opinions of various authors in regard to absorption of albumin vary widely. Individual conditions have much to do with it. The use of predigested albumin does not seem to offer any advantage, especially as such substances easily irritate the intestine. Casein and milk are not adapted for rectal feeding; Reach's personal experience has corroborated the general views in this respect. In regard to absorption of egg albumin, experiences have differed. It is certain that it is not absorbed in many cases, and defibrinated blood not much better. There is no reason for preferring the albumins to the carbohydrates; the arguments are all on the other side. In cases in which the nutrient enemata are merely supplementary to ordinary feeding the carbohydrates are much superior. Dextrin deserves particular attention in this respect. The slight stimulating action exerted by the carbohydrates can be increased by the mode of using them and by addition of opium. At best, however, rectal feeding is unable even approximately to supply the requisite amount of energy even for debilitated bedridden patients. Reach concludes with the indications for rectal feeding and the technic. He remarks that the physician very often deceives himself when he thinks that he is making a 'high' injection."

## BOOK REVIEWS

IN CHARGE OF  
M. E. CAMERON



**A TEXT-BOOK OF PHYSIOLOGY.** By Isaac Ott, A.M., M.D., professor of physiology in the Medico-Chirurgical College of Philadelphia. Philadelphia: F. A. Davis Company.

Many students and teachers will find in this book the happy medium in physiology that they have sought for long and vainly. There are text-books a-many on the subject which give a very brief and sketchy idea of it, and there are others so big and so ponderous that it seems impossible to find time to make oneself familiar with all that lies within their covers. This one strikes a middle course of generous proportions, and yet curtailed or condensed so as to be easily grasped and comprehended—even easily committed to memory if that is desired. The subject is one that grows upon the student, and after an excellent course of Kimber she will be sure, if she is a good student, to come asking for more. This book may well become a great favorite in the nurses' classroom.

**MANUAL OF MATERIA MEDICA AND PHARMACY.** Specially designed for the use of Practitioners and Medical, Pharmaceutical, Dental, and Veterinary Students. By E. Stanton Muir, Ph.G., V.M.D., instructor in comparative materia medica and pharmacy in the University of Pennsylvania. Third edition, revised and enlarged. Crown octavo, 192 pages, interleaved throughout. Bound in extra cloth, \$2.00 net. Philadelphia: F. A. Davis Company, 1914-16 Cherry Street.

Although this book is not suitable as a nurses' text-book, it may prove interesting reading to many. It begins with a delightfully kindergarten course in botany—perhaps the faintest suggestion of a course that could possibly be indicated; this, with a list of definitions of names of therapeutic actions, comprises the first chapter and, together with some general considerations, forms Part I. of the book. Part II. takes us at once into the materia medica, which proceeds by way of the alphabet

through a list of drugs. The author says that "many new and some old drugs and pharmaceutical preparations have been intentionally omitted from this edition, and only those considered which are in everyday use and of recognized therapeutic value."

The dose is indicated in the metric system, with the equivalent per old measurement following immediately in brackets. The dose is given for the human adult and for various animals, as follows: "Fransula.—Dose, syrup, adult, 8.0 to 30.0 cubic centimetres (two fluidrachms to one fluidounce); dog, 30.0 to 60.0 cubic centimetres (one fluidounce to two fluidounces); cat, 15.0 to 30.0 cubic centimetres (one-half fluidounce to one fluidounce)." Some of the drugs are shared by humans, cattle, horses, cats, dogs, and "smaller animals," others are selected for humans, pigs, the horse, and the cat, with no mention of our friend the dog and no dose for cattle or pigs. A careful survey of the dosage leads to the conviction that certain animals require a larger pharmacopœia than others. The horse follows man very closely in his need of drugs; the dog is not far behind, while cattle, sheep, and pigs require relatively less and less.

Part III., devoted to pharmacy, will probably recommend itself more than the rest of the book to student nurses, especially those who may contemplate a better acquaintance with practical pharmacy.

**ON HOLY GROUND: BIBLE STORIES WITH PICTURES OF BIBLE LANDS.**  
By William L. Worcester. Philadelphia: J. B. Lippincott Company.

"On Holy Ground" is a handsomely illustrated book of stories from the Old and New Testaments, many of the pictures being copies in black and white from celebrated paintings.

These stories are based upon the modern interpretation of the Bible, the literal translation from the text following the explanation or story.

For instance, in the first chapter the reader is given the version of the creation, founded upon the scientific theory of the earth's formation, in these words: "The earth was not made in a moment, but the Lord was forming it through six long ages before it was ready for people to live in."

How much more sensible to give to little children this explanation of the creation than to allow them to gather from the Bible text the idea that the world was hurled in form by the power of a terrible and mighty God, who began the work on Monday morning and finished it on Saturday night, after which supreme effort He "rested on the seventh day." The writer confesses that no amount of common-sense or

scientific authority can dispel such an impression from her own mind, which was her childish interpretation of the Old Testament.

The stories are attractively told in a manner intelligible to very young children as well as those of more advanced years.

THE LIFE OF FLORENCE NIGHTINGALE, by Mrs. Sarah A. Tooley, and published by S. Bousfield & Co., of London, will be reviewed in our next issue.



WORK AS A THERAPEUTIC MEASURE.—This is the subject of an editorial in the *Boston Medical and Surgical Journal*. "Among the many rational therapeutic measures which have been advocated of late years, small attention has been paid to the efficacy of work." Rest, exercise, massage, electricity, hydrotherapy, etc., have been used with much success and enthusiasm by many, both within and without the profession. The so-called "rest treatment" introduced by Dr. Weir Mitchell has been demonstrated beyond doubt to be most successful in appropriate cases. It has undoubtedly many times been misused and indiscriminately used, and consequently has given its best results in the hands of its founder. "In view, however, of all the time and attention which has been given to treatment by so-called rational methods, it is somewhat extraordinary that no systematic attempt has been made to systematize a method of treatment which shall have work, either physical or mental, as its fundamental principle. Of course, physicians are continually advising physical exercise and physical labor, but with the possible exception of Mœbius no one has mapped out a work cure in the same systematic fashion as the rest cure." The author considers that invalidism is quite often due to other causes than those for which rest and recreation could work a cure. It is a very rare experience to come in contact with a person who is really suffering from overwork. The work may be uncongenial, the hours long, and physical strength insufficient to meet the demands. It is the author's belief that the lack of suitable employment is rather the source of the various failures which are familiar to every physician. If it be true that overwork is rare, and that the moral and physical stimulus which work gives is desirable, systematic treatment by work is as rational as systematic treatment by other means. Employment of the mind, as well as the body, is conducive to health, and physicians would accomplish far more definite results if they insisted on the necessity of work with anything like the frequency that they insist on the necessity of rest.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



**THE EFFECTS OF PRESERVATIVES ON HEALTH AND DIGESTION.**—Dr. W. H. Wiley, chief of the Bureau of Chemistry in the United States Department of Agriculture, delivered at Philadelphia on November 4, under the auspices of the Franklin Institute, a lecture entitled "The Results of Experimental Studies of the Effects of Preservatives on Health and Digestion." He pointed out that various methods of preserving food have been practised since earliest times. Among such methods are the removal of water and the use of certain condimental substances, such as salt, sugar, vinegar, and wood-smoke. More recently sterilization of food by heat and the exclusion of germs has been practised and constitutes one of the safest and most approved methods of preservation. Still more recently a system of food preservation has grown up based on the use of so-called antiseptics which have the power of inhibiting or destroying the germs of putrefaction. The more common of these are boric acid, borax, salicylic acid, benzoic acid, sulphurous acid, and formaldehyde. There is a wide difference of opinion among physiologists and chemists as to the effects of such substances. In order to clear up the matter a series of experimental observations were made for a period of nine months under the auspices of the Department of Agriculture, borax and boric acid being added to food, beginning with small amounts (nine and one-half grains) and gradually increasing them to from forty-five to sixty grains daily. It was found that the maximum amounts caused disturbance of digestion and derangement of health, as manifested by impairment of appetite, loss of weight, a feeling of uneasiness and sometimes of pain in the stomach, a sense of fulness in the head, often developing into a dull and persistent headache, a general disturbance of the metabolic activities of the digestive organs, and other unpleasant symptoms. When the small amounts were employed for a long time similar symptoms developed, though in lesser degree. It may therefore be concluded that while the injection of small amounts of borax occasionally with the food would do no permanent injury to an ordinary healthy individual, it might prove distinctly hurtful under the reverse conditions. Corresponding observations have been made with salicylic acid, benzoic acid, and sulphurous



acid, but the results are not yet ready for publication, and studies upon the effects of formaldehyde and various coloring matters on health and digestion are to be made.—*Medical Record*.

**A NEW TYPHOID-FEVER SERUM.**—At the French Medical Congress, held in Paris the latter part of October, Professor Chantemesse read a paper giving an account of the results obtained by a new antiserum in the treatment of typhoid fever. The serum is prepared by injecting soluble typhoid toxin into the horse, according to a method described by the author in a paper read at the International Congress of Hygiene in Madrid in 1898. He has been using this serum in his service at the Hôpital du Bastion 29 for three years and a half, treating in that period five hundred and forty-five cases with only twenty-two deaths, showing the remarkably low mortality (for Paris hospital cases) of four per cent. During the same period there were treated by the usual methods in fourteen of the Paris hospitals three thousand one hundred and ninety-nine cases, with five hundred and eighty-one deaths, showing a mortality of practically eighteen per cent. As to the mode of action of this serum, Chantemesse says it exerts a rapid and energetic specific effect upon the defensive apparatus of the organism—the spleen, the lymphoid tissue, and the bone marrow. The stimulation which it produces is the greater and more effective the earlier in the course of the disease it is used. The organism must be still capable of reaction, and if the nervous system is already profoundly depressed, the benefit of serum medication is much less evident. Its mode of employment is very different from that of diphtheria antitoxin. In the case of diphtheria, the more severe the disease the stronger should be the dose of antitoxin; but the reverse is true, Chantemesse says, in the case of the typhoid serum which he employs, for the more profoundly the patient is affected the weaker must be the dose of serum.

**THE MECHANICAL STERILIZATION OF RUBBER GLOVES.**—Fromme and Gawrensky have made a series of bacteriological tests with a view to determining whether it was possible to render completely sterile by purely mechanical means rubber gloves that have been infected. Dettmer, Wandel, and Höhne published results indicating that this could be effected by washing with soap and sterile water for two and a half minutes, but the authors found that it was impossible to insure sterility in this way. They always observed growths in the culture medium unless the washing process was concluded with the use of an antiseptic solution (1 to 1000 bichloride). They explain this discrepancy by attributing the results of

former authors to the fact that they used as nutrient medium agar, which is less adapted for the growth of the germs concerned than is bouillon, which was the culture-medium employed by themselves. Their conclusion is that it is safe to perform minor operations with rubber gloves that are put on in unsterile condition and then washed for four minutes with soap and water and for two minutes longer with bichloride solution. It is, of course, essential that the glove be without holes and that it fit well.—*Medical Record*.

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THE THROAT AS THE SOURCE OF SYSTEMIC INFECTION IN ACUTE RHEUMATISM.—P. Watson Williams presents a few brief conclusions on this subject: Acute rheumatism is an infective disease *sui generis*. There is a true rheumatic pharyngitis or tonsillitis, and it is a primary infection. Rheumatic fever is a secondary infection, due either to the absorption of the products of the infective micro-organisms or to the growth of such micro-organisms in the tissues, and the infection may manifest itself in arthritis, pericarditis, endocarditis, chorea, bronchitis, pleurisy, alone or in association. In a large percentage of cases the portal of infection is in the fauces or pharynx or other region of the upper respiratory tract, but most often in the oropharyngeal lymphoid ring. There is no proportion between the intensity of the primary local lesion and the appearance or severity of the secondary systemic complications.—*The Bristol Medico-Chirurgical Journal*.

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COLD BATHS IN NEURASTHENIA.—Alessi praises the effects of cold baths in neurasthenic patients. He attributes the good results obtained with this treatment to the fact that in most cases neurasthenia depends on the presence of the uric-acid diathesis or of rheumatism or gout, and that the increased metabolism produced by these baths is of great benefit. There is also a certain amount of psychical effect which is very beneficial in these patients, and after a time they are able to resume their ordinary occupations with more energy, and suffer less from their nervous condition.

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ALCOHOL FLAME AS A MEANS OF STERILIZATION.—Gottignies found the flame of alcohol, as employed by many surgeons, to be insufficient to destroy germs. He was unable to destroy in a two-minute exposure cultures of staphylococcus, streptococcus, bacillus of Eberth, and anthrax. They were, however, destroyed by an exposure of three and a half to four minutes. Instruments placed directly in the flame are sterilized in a half minute, but the effect upon the instruments is deleterious.

## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



### A HOTEL FOR NURSES

A HOTEL for nurses is, without a doubt, an urgent need in at least our largest cities. It has been talked of in New York, and Philadelphia, Boston, and Chicago must need one just as badly. The word "hotel," though, does not give the right impression. It sounds public, expensive, un-homelike. Nurses are a peculiar people and need special conditions of living. They do not fit in at all in the average boarding-house. They are, in fact, troublesome. Hotels and boarding-houses prefer to get rid of them. Their hours, their work, their telephone calls, make them undesirable tenants. Therefore our club-houses and nurses' homes fill a great need, but only for the members of their own circle. A "transient" cannot get into our club-houses. A stranger nurse is in a forlorn condition in a great city in our big country.

We have talked about a hotel open to all nurses in New York City, and when in London I saw Miss Catherine Wood's successful creation and work, the Nurses' Hostel, I felt at once that it was exactly what we so greatly need at home. First, the name, "hostel," is so much more pleasing than "hotel;" this old word, hostel, conveys an impression of home-like cheer and cosy snugness quite different from the "hotel" idea. And so, indeed, it is. Miss Wood's hostel has a home-iness, a quiet, a plain and simple comfort and privacy, and a cheery atmosphere quite ideal.

Is it not possible that we could evolve something on this line at home?

Not only can nurses from all over the world find accommodation here, if they are abroad in pursuit of their calling, instead of being lost in a big city, but, also, this hostel is so ably managed that it pays dividends, thus proving its success as a good business enterprise. It is centrally located, in a part of London where land must be very valuable, and is in two blocks, one on each side of the street. The old block is, in many details, of greater simplicity than American nurses would like in the matter of sleeping accommodations. It has cubicles, which we are not accustomed to. But the new block, planned by Miss Wood in the light of her experience, has single rooms, excellent modern sanitary conveniences, and is in every way, in convenience, in furnishing, and in

pleasant, attractive appearance, as nice as anyone would want anywhere, unless they were unreasonably exacting. Both blocks have large, pleasant sitting-rooms, dining-rooms, electric light, box-rooms for storing trunks, bicycle storage, package-rooms, and modern plumbing.

Nurses working in London may have a permanent home there, and those visiting London for business or pleasure may stay as transients. The former may obtain *unfurnished* rooms if they wish to have their own furniture and belongings. Such permanent tenants may have their breakfast served in their rooms, and the scale of charges is so arranged that all guests pay for exactly what they have.

Bed and breakfast only is so much. Each meal is for a fixed price. Charges for storage, telephone messages, service, etc., are all fixed and definite, and all exceedingly reasonable. As the scale of prices in one country is not of much practical use in another, I will not try to give them, but a single bedroom with all meals inclusive is about six dollars a week, bed in single room with breakfast only, about seventy-five cents a day, cubicle or double room quite a little less.

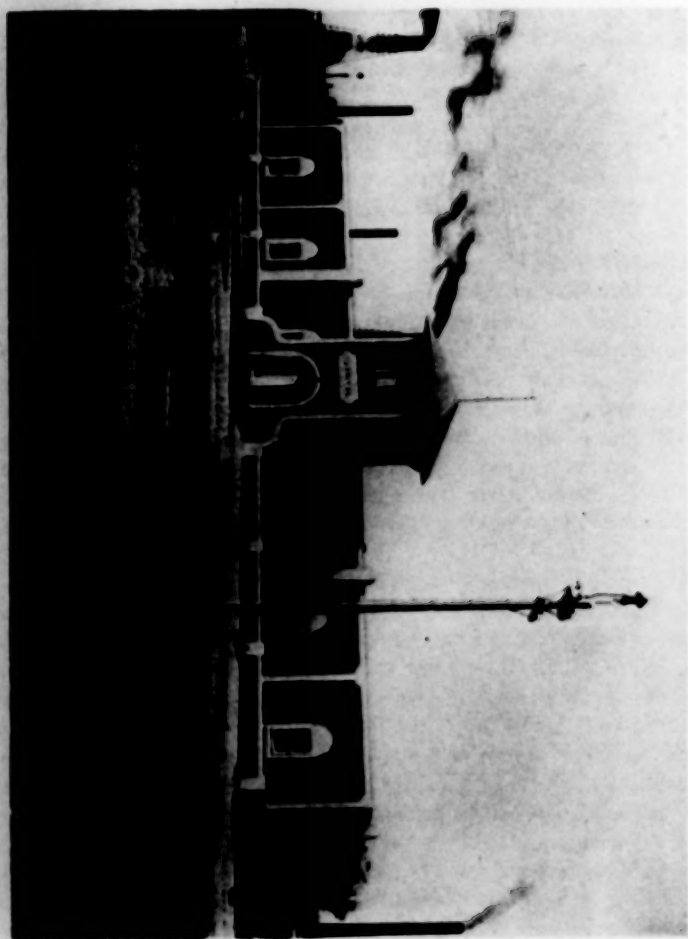
The moderate list of regulations is simply such as is found in any hotel, and absolutely no burdensome restrictions or rules exist. Nurses not personally known to the management are required to furnish satisfactory references—this is only proper, and the management reserves the right, which any hotel has, of excluding undesirable persons. Outside of the few necessary stipulations for order and regular routine the utmost freedom is enjoyed, and yet the active and genial ever-ready presence of a "home-sister" and Miss Wood herself give the real home feeling. For any nurse who needs it advice and counsel are always there. No directory is connected with the hotel. Nurses must make their connections for private duty in whatever coöperation or association they please, but calls and messages, letters, telegrams, etc., are punctually delivered or attended to. I cannot but think that there is a great lack in our nursing communities at home as long as we have no such hostel. The business side is that of an incorporated stockholding company, and pays three and one-half per cent. dividend, net.

L. L. D.

#### LETTER

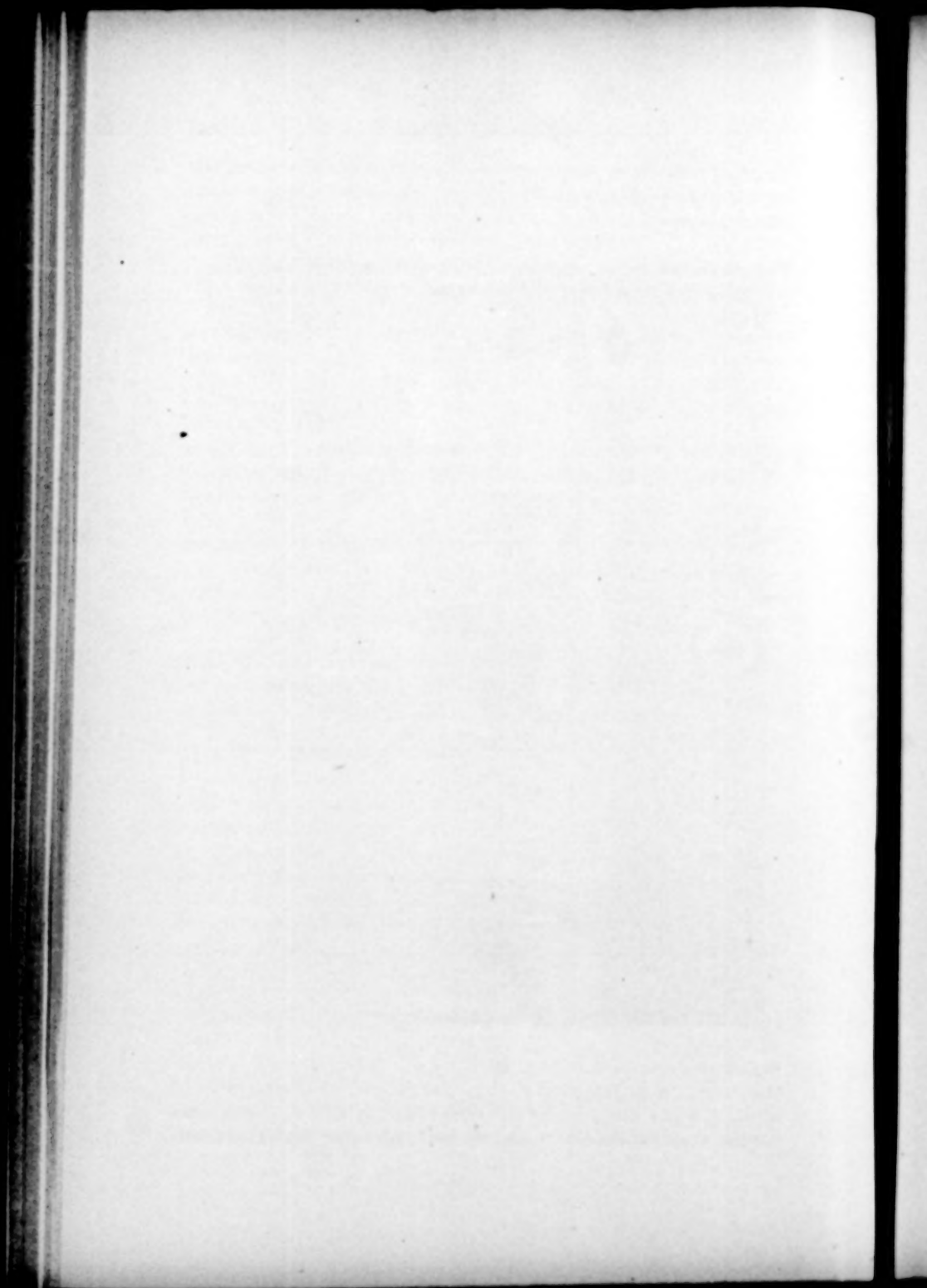
CAMPANIA MINERA DE PENDER,  
MATEH,  
ESTADO DE DURANGO, MEX.,  
September 22, 1904.

DEAR EDITOR: The old saying, "better late than never," certainly fits my case. I hope you will pardon my long delay in complying with your kind request that I describe my surroundings and labors in Mexico.



THE PETROLAS SUMAS COMPANY'S HOSPITAL, MEXICO





When entering Mexico from either El Paso, Eagle Pass, or Laredo one is impressed with the similarity of the southwestern portion of the United States and Mexico, the country being very flat and the mountains rising directly out of the plains. The lack of water renders the country dry and barren, there being no vegetation but sage-brush and cacti of various kinds. Wherever a stream is encountered a little garden spot is found and all kinds of vegetables and fruits are grown. As one journeys southward the air grows cooler, for the low plains in the northern part become high plateaus in the southern part, terminating about the City of Mexico at an altitude of nearly eight thousand feet, thence sloping down to the Isthmus of Tehuantepec. The beautiful spots of Mexico are those portions which lie between the table-land and the Pacific Ocean and the Gulf of Mexico.

On the Mexican Central Railroad, about twenty-two hours' ride from El Paso, is the station of Bermejillo (pronounced Bear-may-he-yo), where a small branch narrow-gauge railroad runs up to the town of Mapimi, distant about sixteen miles. On the road one looks in vain for the stopping-place. Finally the train swings around a sharp curve between two hills, when the whole panorama of the smelting works of the Penoles Mining Company and the town of Mapimi spreads out to view. This company has a very large independent smelter, having enormous works, employing at mines and smelter nearly three thousand five hundred men. In 1900 they erected the hospital, which the accompanying photograph shows clearly.

The hospital is built after the Mexican style, which is also the same as the old missions of California, with a patio in the centre, all rooms opening and facing the patio, which usually contains a fountain or large stone basin arranged like an aquarium, flowers and trees, and all kinds of gay-plumaged birds. We have a few trees planted in our patio, but the middle portion is given over to the surgery and the kitchen. The building, being constructed of "adobes," is always cool, as the walls are about two and a half feet thick. It is laid out most conveniently, plenty of baths, hot and cold water, and electric lights. Only employees of the company are admitted, hence we had all male patients. During the year past we admitted one hundred and seventy-six, our average being nine per day, the number of days of patients in hospital being three thousand two hundred and twenty-three. Most of the surgical work is emergencies, mine accidents, amputations, fracture of the skull, smelter accidents, very severe burns, men falling in hot slag or it being splashed on them, railway emergencies, usually amputations. There is a great deal of pneumonia here during March and April, and it is one of the most fatal diseases, especially among the foreigners who are not acclimated. Small-

pox is prevalent among the natives. They have no fear of it, so it is almost impossible to isolate them or prevent its spreading. We have a smallpox ward, but so far have had only one case.

In conclusion, I will say that when one considers the location and the difficulty in fitting up a hospital in a place of this kind we have a most comfortable and convenient institution for the care of the sick and injured. Yours sincerely,

E. THYNE THORNE.

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#### ITEMS

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At the first regular winter meeting of the German Nurses' Association an excellent address was given by Dr. Eugen Israel, advocating a thoroughgoing three-years' hospital course, preliminary qualifications, and State examination with protection of the educational standard. This is really a burning question just now in Germany. The system of training under religious forms and authority is breaking up, and a system of secular training is being evolved. A number of large and magnificent new city hospitals are being built, with bed space for thousands, and the deaconess houses and Red Cross hospital training-schools, with their system of possessing so many nurses and renting them out to hospitals, are quite unable to meet the demands of the present. Their system has become antiquated, it is inflexible, and their training is deficient in the eyes of scientific medicine. The physicians of Berlin are taking a great interest in the evolution of nurses, are writing many articles and disagreeing with one another very emphatically. They now wish the nurse to know everything, but most of them expect her to know it in an impossibly short time. Dr. Israel is almost the only one who sees the impossibility of giving a good training in one or one and a half years. The German Nurses' Association is growing steadily, and Sister Agnes Karll, the president, is a wonderfully skilful and able directress, one who sees into the future, and who estimates human character wisely—from a warm, true heart, but with a well-balanced head. She is many years ahead of her times in nursing questions. On the whole, the physicians have been very cordial and even sympathetic with the "free" nurses organization movement, and have written articles showing great understanding of the nurses' social and economic conditions. The German Nurses' Association was fortunate in having from the outset the support and sympathy of a peculiarly influential and widely respected man, who for many years was in the Prussian and then in the imperial Parliament. The recent death of this strong friend, Herr Praetorius, was a real calamity for the nurses' cause, but for his sake they are finding friends among his friends.

IN regard to the position of the London matrons as to registration a correspondent of the *British Journal of Nursing* analyzes the situation thus: "Of the twelve London hospitals which are connected with medical schools, the matrons of St. Bartholomew's, Guy's, and Charing Cross are declared supporters of registration; the matrons of the London, St. Thomas, King's, and Westminster are pronounced opponents, and for the rest—viz., St. Mary's, St. George's, the Royal Free, Middlesex, and University College—it is impossible to say which view they take. Further, among the great Poor Law Infirmaries, containing thousands of beds, there are many matrons who support registration, and the matrons of every one of the infectious hospitals under the Metropolitan Asylums Board, representing five thousand beds, uphold it, and have addressed a letter to their board asking its support for this reform.

It is understood that the members of the Matrons' Council of Great Britain and Ireland are all supporters of registration. Miss Sidney Browne, who is a member of the latter, is matron-in-chief of the Army Nursing Service. Also the matron-in-chief of the Queen's Jubilee Nurses and Miss Wade, superintendent of the Scottish Branch of the Jubilee Nurses, support it, and among the vice-presidents of the Society for State Registration are found such names as Mrs. Garrett Fawcett, Mrs. Scharlieb, M.D., Lady Henry Somerset, Miss Flora Stevenson, LL.D., and a host of others known everywhere by their names and work, and yet the *Hospital* is not ashamed to say that a certain prominent matron, whom it mentions by name, is "only a follower of the adventurers who are running" registration! This is a sample of the kind of opposition the English nurses are having.

THE "Blue Book" on nursing, or report of the select committee of the evidence taken in the spring, is now published, and may be had from Eyre & Spottiswoode, East Harding Street, Fleet Street, London, E. C. The price is one shilling (something over should be allowed for postage from the United States), and it is most emphatically so instructive, so important historically, and so interesting that no nurses' library should neglect getting it. The evidence of Dr. Norman Moore and Mr. Sydney Holland deserve special study as monuments of what not to think. These excellent gentlemen are quite unaware that nursing has become more elaborate in detail than it was forty years ago, and that the advance in medical science has at least quadrupled the delicate and complicated details which must be learned by the nurse. We are second to none in our veneration of the pioneers of nursing, but, honoring them as we do, we yet know that the education of the nurse to-day must be vastly different from what it was a half-century back.

A NEW and most attractively bound nursing journal is the *Queen's Nurses' Magazine*, the second number of which has appeared. It is intended as a bond of communication between the nurses and branches of the Queen's Jubilee district nursing service. The contents are extremely interesting and well presented. Not only the Queen's Nurses, but all others, might find pleasure and profit in reading it, and nurses in other countries who are engaged in district nursing ought by all means to take it. The May number contained a history of the "Queen's Nurses," and the September number many additional interesting points relating to the development of the institute, with practical notes, letters from the Berlin Congress, etc., etc. The last number of the *Journal of the Royal South Hants Nurses' League* is also especially interesting, and contains excellent accounts of the Congress. The frontispiece is a lovely photograph of Miss Mollett surrounded by her flock of head nurses.

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It is most gratifying to find the *Australasian Nurses' Journal* commenting cordially and also very seriously upon the movement towards international affiliation, and to read the closing words, "Let us take care that when Miss McGahey takes the seat of honor at the International Council in 1909 she shall be entrusted with the duty of applying for the affiliation of the National Council of Nurses of Australia."

The next quinquennial meeting will be held in Canada, and, besides the president, who brought the link from Australia to America at the Buffalo Congress, and who was so deeply admired and respected by her new associates, we should have also a group of Australian delegates, for the Australian nurses travel, and it should not be hard to find some who are on or near the spot for meeting. Our far-off Australian colleagues should be a great power and influence among more stationary and conservative old-world customs. The oldest ways are not always the best.

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MISS LAW, a St. Bartholomew's nurse, and Fraulein Klettner, a German trained in England, have just opened a very beautiful private hospital in Berlin especially designed for English-speaking patients, though open, of course, to all.





## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

DEAR EDITOR: The patriotism of the trained nurses of this country, being true American women, is not to be questioned. At the same time, they are women of common-sense, and we will assume that having considered the matter, they will ask themselves the question, "Why should I?"

What material expression has this country given of its appreciation of the good work done by the true women who gave their services, some their lives, during the Spanish-American War?

With what success do the Surgeon-General and the Superintendent of the Army Nurse Corps meet in their efforts to secure better conditions for the members of the corps?

None whatever.

General O'Reilly in his last report suggests "that some inducement to remain in the corps should be offered to the older and most highly efficient nurses. An increase of five per cent. for every three years of service would be in line with the procedure in other branches of the military establishment and attain the desired end at a trifling cost to the government."

The question of pay is one that might well be considered. Surely the government might be expected to pay its nurses a little better than civil hospitals, many of which are kept up by popular subscription.

Forty and fifty dollars a month is not much when one considers it is not, as in civil hospitals, "clear money," but out of this the nurse will pay a "mess bill" of from two dollars to eight dollars per month and for the laundering of her clothes, the latter no small item. The uniforms are white, and in the warm climates one rarely wears one the second day, while during the rainy season even more are necessary.

But the army nurse is not so mercenary as to make this increase a great inducement. There are other things that might be done at no cost of money that would make life more bearable.

A young army doctor once remarked, "It is unfortunate, the rating of the army nurses. You know the army people swear by the Blue Book, and they cannot be expected to recognize socially one who ranks with the enlisted man."

The remark is worthy of notice only in this way: Nurses are too busy to have social aspirations, but it is this spirit carried into the ward that has lost to the Army Nurse Corps some of the finest nurses it has numbered among its members—women who have held on, hoping against hope that Congress would make some distinction other than the amount of pay received between the women who have given years of hard study in preparation for their lifework and the men who have had no training.

During the last year three hundred and twelve graduated nurses applied for admission to the corps; and these, in addition to those already on the reserve list, would make a very fair showing as an "eligible list."

But do not question our patriotism. Should occasion arise, the supply would far exceed the demand, but at the present time loyalty to those already giving their work to their country is more important.

"A true American nurse,"

SARAH R. SMITH,  
Wilkesburg, Pa.

[We think this writer has failed to grasp the true meaning of patriotism, which, as we understand it, is the highest sentiment of which a human being is capable. Love of country is something entirely above and beyond selfish or mercenary ends.

Our comment had nothing to do with the present conditions in the army, a discussion of which we reserve until a later issue. The plan for an eligible volunteer list to serve the country in time of national calamity or war has for its motive simply the enrollment of a list of carefully investigated nurses, that when the need comes selection may be made that will prevent the wild confusion of the Spanish War experience, when too many nurses accepted under the stress of war conditions *did not reflect credit* upon the morals, manners, dignity, or womanliness of the nursing profession. That a nurse's name is on that list does not compel her to serve if for any reason circumstances are such that she cannot do so when a call comes.

Among men we have the State militia, where the members stand ready to serve their State or country at any hour. The eligible volunteer list of nurses should mean practically a national militia of nurses, but if we are to judge by this writer the spirit seems to be lacking.—Ed.]

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DEAR EDITOR: When the registration act was first suggested and eventually framed in New York I believe the intention was to allow all graduate nurses in good standing who could give evidence of a two-years' training to register without examination, the merely experienced nurses to be registered if they could demonstrate their right to recognition by passing an examination, the time limit being three years. So far so good.

What has happened? Amendments were introduced and carried with the result that the bill as it was passed differed in many respects

from the one originally drafted by the Legislative Committee, with the result that a large body of nurses are being refused registration on the plea that their schools are not now up to the standard. This is resulting in arraying hundreds of nurses against the whole movement.

Nurses whose schools are not up to the standard, or that for any reason have not been registered with the Regents, are advised that they may be recognized by passing an examination. This idea is extremely unpopular, as it classes graduates with the experienced nurses. Many would rather not be registered than obtain their R.N. in this way.

Now, does it seem quite fair to make nurses who graduated years ago responsible for the standard of their schools? There was not then the same choice of schools that there is now. Women went in good faith and took what was available at the time.

Many schools will not be ready to register for years, perhaps. Would it not be fairer to allow those nurses who are in good standing to register and have them with us in the movement, rather than against us or in a state of inertia?

With only nine hundred applications for State registration in a year and a half, it seems to me that the ultimate object of registration would be obtained more quickly with the active coöperation of the larger body, while nothing is to be gained by keeping them out. I would like to ask for the opinion of other nurses on this subject through the pages of the JOURNAL.

M. A. M.,

New York City.

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DEAR EDITOR: May I take exception to some points in Miss Saffair's letter to the Editor in the October number of the JOURNAL? I am sorry that it should be read by so many nurses who share her dissatisfied feelings and think it "a good thought well expressed."

It is my opinion that nurses who, in discussing the subject of bringing our profession to a higher standard or how higher education will affect the nurse in private practice, first ask the questions: What does the future offer us more than the past? Will it make our lives easier? Will the future nurse not have to work so hard while in training and after? can never prove beneficial to the profession or public.

Would not the sincere desire to raise our standard induce us to ask: How much more and better care shall we be able to give in the future than in the past? Will it make our lives more valuable and serviceable? And how can we help admiring and respecting the future nurse for her more thorough training through harder work and more studies?

Certainly more pay and less work are not what a nurse in private

practice should consider as first profits to be obtained from higher education. In Central New York we are paid twenty dollars per week. If we work forty-five weeks in the year, we have nine hundred dollars, and four hundred dollars will cover the expenses of a modest woman in our standing. Not many other people, such as carpenters, plumbers, etc., have as few living expenses as we. We enjoy food, fuel, and lights daily without paying the bills. Some will say, "We are not busy in more than seven weeks of the year." If not, it is our own fault unless prevented by personal illness. Nurses who lack employment, lack higher education, which shows itself in the want of tact, sympathy, intelligence, through which we win confidence; also in willingness to be helpful and active in the sick-room and in general.

If all nurses would possess these qualities, their services would be more in demand, and physicians and people would not dread the engagement of nurses as they do. Not long ago a physician told me that out of about thirty trained nurses of his acquaintance he would engage only three or four; if not able to get these, he preferred practical nurses. Another physician claims that of all the graduates of one school, who number about twenty-five, only two can be depended upon to give satisfaction wherever sent.

We must have higher education before we ask for more pay and less work. When our schools turn out more capable women we shall be in great demand. People will offer more to get us when we have their confidence. They will keep us in their homes weeks and months after restoration to health to guide them with our knowledge in the proper way of living or to meet sudden illnesses, dreaded emergencies.

Though a nurse in private work has some days of hard work, disturbed night's rest, and occasionally minor annoyances, what woman or man in trade, business, profession, or private life is entirely without them?

Think of our many advantages! There are days and days in which our actual work takes not more than two hours of our time. Make use of every minute of each day, and you will find ample opportunity to study and improve yourself. Wherever we go we find people interested in different things. Now we are nursing on a farm; next in the family of a mill-owner; then in a family intensely interested in foreign missions. We soon find out what people are most interested in, and they are glad to have us converse and ask questions concerning things of interest to them.

And if we take up hospital life, what do we find there? A multitude of suffering humanity. Unless our hearts go out in deepest com-

passion, with hands ready to do all they can, our minds willing to be broadened for more work, better work, let us stay away.

I have found two classes of nurses engaged in hospital work. First, those who are not satisfied with the little work they are sometimes able to do in private nursing, striving constantly to learn more, to do more, to do for more at the same time, considering much time wasted in which they might help those most needy, constantly desiring more responsibility and activities of body and mind. In this class we find many hard-working members, who have done most for our profession and are well worthy of all honor, respect, and admiration.

The other class are those who were unsuccessful in private work after graduation, to whom it seemed an effort to adapt themselves to different conditions and places; who found things not quite as ready and convenient as in the hospital, and who prefer to work mechanically, which they can do in the hospital wards. They may be capable workers, but are without heart and aim, and are just as well adapted to work in mills and department stores.

Sentiments expressed in articles like "The Beauty of a Life of Service," by Alice Lucas, in the October number of our JOURNAL, and "Woman in the Professions," by Elizabeth McCracken, in the *Outlook* of July 23, 1904, can be little appreciated by those who are looking for less work and more pay, but are certainly elevating and encouraging.

ANTONIE BOETTCHER,

Utica, N. Y.

[We think this nurse has the true spirit.—Ed.]

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DEAR EDITOR: In the October number of the JOURNAL you have a very good editorial on "The Path of Duty." That those conditions which you describe and deplore exist there is no doubt, but I think we cannot be judged as strongly as that. A brief analysis of the conditions under which the sister and nurse live will convince us of that. The woman who enters a convent is prompted to do it principally by religious motives. Her life and actions are dominated by one thought—namely, that by renouncing the world with all its cares and pleasures and giving her life to others she will be received into the Kingdom of Heaven. A very selfish motive, in my opinion, but if it brings such good results as the sisters' work has brought among us, it can easily be forgiven. But by entering the convent she is also relieved of all pecuniary cares, everything is arranged for her, and that leaves her free to devote her entire life to the cause she has taken up. Should she break down from overwork, the "order" will take good care of her, and when the time comes



that she is too old to give her services to the needy she is well provided for. But not so with the nurse. First of all, the woman who takes up nursing is in nine cases out of ten *not* prompted by religious motives, but by broader and higher ideals; she is fitting herself to be a useful member of the great universe; she does not renounce the world with its cares and pleasures; on the contrary, as she goes along the cares accumulate. Should she break down from overwork, there is no "order" to take care of her, and when the time comes that she is getting along in years the doctors and patients push her politely one side and take the younger ones. We are so often told that "Miss So-and-so is a good soul, but she is too old to nurse." But what is that nurse to do now, after she has given her best years to the profession and has not been able to save up enough money to live on? That is a question which is lost sight of. We are criticised for not taking every case, for refusing to go to certain parts of the city, and so on. I will relate only two instances of a nurse's experience, after which I hope our critic will be a little more lenient with us. I have in mind a certain nurse who, after she left the training-school, settled in a nurses' registry. One evening the lady who kept the house came up and asked her to take a case. It appeared that she had asked several nurses to take it, and they had all refused, as it was in the poorest part of the city. Although six years have gone by I can almost see her face, how she looked from astonishment and indignation. "Has nursing come down to that," she asked, "when a poor woman needs our help we sit in our rooms and refuse to go because she lives in the tenement district?" When she got there it was one A.M. It was in the last days of August, very warm out-doors. The room was hot and there was no ventilation. As she uncovered the patient she found her literally covered with bedbugs. To keep her quiet she had to take a basin of water and remove them. As soon as the stores opened she sent out for a new bed and mattress. With the aid of the patient's daughter she cleaned the front room and removed her patient there. As I mentioned before, she was up since one A.M., was there all day and also the following night, and could not even lie down, as the only couch there was in the room was also full of the same insects. When the doctor came and saw how much the patient had improved he insisted upon the nurse going home and taking a few hours' sleep. When she got home the lady who kept the registry said that she could not allow her to go back and forth from such a case for fear she might bring vermin into the house, and the nurses who go to "good" cases might carry them in their clothes, and, of course, that would ruin the registry.

Her next experience was two years later, when a call came for a nurse to go to a diphtheria case on night duty. It was a coachman's

child. Again some nurses refused to go, as it was over a stable and only two rooms, and again that nurse took the case. When she got there she found two children sick instead of one. The room was small and very poorly arranged for ventilation. In the morning the mother and remaining child were in the next room in bed, also sick with the same disease. Soon the question came up, Where shall the nurse sleep? She could not remain, as there was no room for her, neither could she go home for fear she might bring the disease to the house. After much thinking and telephoning it was decided that if she washed her head and changed her entire clothing every day before leaving the case she would be given a room at the registry. All this she had to do in a cold hall by a small gas-stove, and the result was that on the fifth night the nurse came down with diphtheria herself. There was no "order" to take care of her when for six long months she was unable to work. Now, I ask, can we be judged as hardly as we are if we do not take every case? And if we stop at times and ask ourselves if we have a right to risk our lives as we sometimes do, I must say that the answer is not always in the affirmative. It is not that we are afraid of death—oh no! it is the thought of being alive and not able to work, and so become a burden to others (for very few nurses have an income to live on), that makes us appear as if we are leaving the path of duty.

ROSA A. SAFFER, New York City.

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[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



**DIET IN DIABETES.**—Dr. Hutchinson gives in the *London Practitioner* some suggestions on the proper diet for diabetic patients, and emphasizes the importance of fatty foods as follows: "It may be truthfully said that the usefulness of any article of diet to a diabetic is in direct ratio to the amount of fat which it contains. Fat is the only nutritive constituent of food which cannot do a diabetic any harm; it never increases the output of sugar." "The best forms of fatty food are bacon and butter (each of which contains about eighty per cent.), cream (sixty per cent.), and salad oil or olive oil (which are pure fat). Every diabetic should learn to consume at least a quarter of a pound of butter a day; his bread should be soaked in it, and it should be used as a sauce for green vegetables and fish. Cream may be taken in tea or coffee. If there is difficulty in digesting enough fat, the administration of a little alcohol at meals will often improve matters."

## OFFICIAL REPORTS

IN CHARGE OF

MISS MARY E. THORNTON,

100 West One Hundred and Twenty-first Street, New York City

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[Contributors are requested to write only on one side of the paper and to be careful to have names of people and places very plainly written and correctly spelled. When material can be type-written it is greatly appreciated by the editor.]

Material for this department should be in the hands of Miss Thornton before the fifteenth of the month, and last items and very brief announcements must reach the Editor-in-Chief at Rochester not later than the twentieth of the month preceding the date of issue.—Ed.]

### THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

THE committee appointed at the Seventh Annual Convention of the Nurses' Associated Alumnae on the purchase of JOURNAL stock requests associations applying for shares to make all checks payable to Mary M. Riddle, treasurer, Newton Hospital, Newton Lower Falls, Mass.

ANNIE DAMEL, Chairman.

### NEW YORK NURSES

THE Education Department at Albany now sends this instruction and form with each certificate:

#### "REGISTRATION OF NURSES"

"Your attention is called to the provision of the statute which requires the recording of this certificate with the County Clerk of the county in which you reside. This certificate should be forwarded to the County Clerk with an affidavit of your identity and the place of your residence.

"In the month of January, 1906, and every thirty-six months thereafter, under the statute you must again cause your certificate to be recorded in the County Clerk's office of the county in which you reside with an affidavit of your identity as the person to whom this certificate was issued and of your place of residence at the time of such registration.

"HOWARD J. ROGERS,

"First Assistant Commissioner."

*A suggested form for proof of identity and residence.*

STATE OF \_\_\_\_\_  
CITY OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ }  
being duly sworn says <sup>he</sup><sub>she</sub> } is the identical person referred to in the accompanying  
Regents' certificate of registered nurse number \_\_\_\_\_ and that <sup>his</sup><sub>her</sub> } legal residence is  
\_\_\_\_\_  
Sworn to before me }  
this    day of    190    }

[Signature] \_\_\_\_\_

Notary Public,  
Commissioner of Death

# FROM THE CLASS IN HOSPITAL ECONOMICS, NOVEMBER, 1904

We are getting deeply into our work now and realizing more and more the importance and benefit of it.

Lesson-plans, the "thought method," and critic teachers have been rather formidable in our Speyer School work, but vastly instructive.

We are beginning now to build a house,—on paper,—and after the interesting lectures in Domestic Science 13 we are bound to be more appreciative of good house construction.

It is impossible in a brief report like this to give an adequate idea of our work, and I wish all nurses who are interested in the course would visit the college and attend some of the classes.

Miss Rykert, superintendent of nurses at the Post-Graduate Hospital, has devoted two afternoons to the class, showing us the hospital,—of which the babies' wards are particularly attractive features,—the annex for tubercular patients, and the Nurses' Home.

The tubercular annex is especially instructive as demonstrating what can be done in the way of ventilating an old house in the heart of a great city, and making it comfortable and suitable for that class of patients.

One evening was spent at the Grace Church Settlement watching the numerous classes. Incidentally, as one of the college privileges, we heard Pastor Wagner, of "The Simple Life" fame, address the children at the Horace Mann School. For the students who were obliged to stay at the dormitory Thanksgiving Day a very appetizing dinner was prepared. The tables were decorated with flowers, and an orchestra furnished excellent music during the repast, and afterwards played for dancing in the music-room.

Social functions follow one another in rapid succession, so we need not become "mere grinds."

SARA E. PARSONS.

## THE COURSE IN HOSPITAL ECONOMICS

MISS ALLINE's report to Miss Banfield shows that Dean Russell has appointed an instructor in charge of the class in anatomy and physiology which Dr. Wood used to take. The work is to be adapted especially to the needs of the students, and they have all signified their desire to take it up. Miss Alline also reports that a course in biology, which she especially desired for the students, is now being arranged as the regular course for 1905-6, so that it will be available for the next student year.

### Contributions to the Course in Hospital Economics:

#### Through Miss Nutting:

Miss H. Bartlett, Baltimore, Md. ....	\$10.00
Miss A. Carr, Newport Hospital, Newport, R. I. ....	5.00
Miss D. J. Copeland, York Hospital, York, Pa. ....	5.00
Miss T. Cullen, Baltimore, Md. ....	25.00
Miss K. Dumbell, Washington, D. C. ....	5.00
Miss Ellen Gilmour, Royal Victoria Hospital, Montreal, Can. ....	3.00
Miss H. Gross, Union Protestant Infirmary, Baltimore ..	1.00
Miss Florence Henderson, Royal Victoria Hospital, Montreal, Can. ....	2.00
Miss E. Holmes, Johns Hopkins Hospital .....	5.00

Miss A. Jamme, New England Hospital, Boston, Mass. . .	\$5.00
Miss J. King, Chester County Hospital, Chester County, Pa. . . . .	25.00
Miss Louise Lewis, Albany Hospital, Albany, N. Y. . . .	5.00
Miss E. McDonnell, Albany Hospital, Albany, N. Y. . . .	2.00
Miss Sarah Martin, Garrett Hospital, Baltimore . . . .	5.00
Mrs. Chas. Mellen, Geneva, N. Y. . . . .	5.00
Miss G. M. Nevins, Garfield Hospital, Washington, D. C. .	10.00
Miss C. Noyes, St. Luke's Hospital, New Bedford . . . .	5.00
Miss Mary Packard, Garrett Hospital, Baltimore . . . .	5.00
Miss G. O'Bryan, Baltimore, Md. . . . .	2.00
Miss Mary A. Owens, Wernersville . . . . .	3.00
Miss A. Patterson, St. Luke's Hospital, St. Paul, Minn. (sent through Miss Alline) . . . . .	5.00
Miss Frances Robey, Staunton, Va. . . . .	4.00
Miss A. Rutherford, Baltimore, Md. . . . .	3.00
Miss G. Rising, Massachusetts Homoeopathic Hospital, Boston, Mass. . . . .	1.00
Miss S. Shrive, Union Protestant Infirmary, Baltimore . .	2.00
Mrs. E. Simpson, Massachusetts Homoeopathic Hospital, Boston, Mass. . . . .	5.00
Miss M. Stanley, York Hospital, York, Pa. . . . .	10.00
Miss C. Thompson, St. Paul, Minn. . . . .	5.00
Mrs. R. Williams, Baltimore, Md. . . . .	3.00
Miss E. Wood, Bryn Mawr Hospital, Bryn Mawr, Pa. . .	20.00
Collected by Mrs. Lowry, New Bedford, Mass.: *	
From several friends . . . . .	135.00
Mrs. Leonilda Lowry, St. Luke's Hospital, New Bedford .	5.00
Miss Alice Gifford, St. Luke's Hospital, New Bedford . .	3.00
Miss Mabel Smith, St. Luke's Hospital, New Bedford . .	3.00
Miss Crawford, St. Luke's Hospital, New Bedford . . . .	3.00
Miss Sarah G. Haydock . . . . .	5.00
Miss Cora Overholt, Illinois Training-School . . . . .	5.00
Miss Sarah G. Haydock . . . . .	5.00
Miss Bertha C. Gardner . . . . .	3.50
Mrs. Mathias Plum . . . . .	5.00
Miss E. Frances Greene . . . . .	3.00
Through Miss Dolliver:	
Miss Margaret F. Donahue . . . . .	6.00
Miss Minnie Haygart . . . . .	5.00
Miss L. Nicoll, Lebanon Hospital . . . . .	5.00
Miss E. C. Glenn . . . . .	10.00
Miss M. C. Wheeler . . . . .	10.00

\* Extract from Mrs. Lowry's letter:

"I firmly believe that the standard of nurses must be raised, but not much can be accomplished until the standard of these women put at the head of hospitals and training-schools is also raised. There are a few exceptions, of course, but the majority of us would be happier if we had received a more advanced education in hospital economies, etc., than that which the ordinary training-school can give, and every institutional nurse who feels the deficiency as much as I do, I am sure, would consider it a pleasure to do all in her power to help the one place started for that purpose and supported almost entirely by the few women of the profession who seem to do it all."



From the Alumnae of the Rochester Homœopathic Hospital:

Miss Elizabeth Schumbmehl .....	\$3.00
Miss Sophia Kersner .....	3.00
Miss Robinette Tompkins .....	3.00
Miss Anna Winans .....	2.00
Miss Reine J. Cone .....	2.00
Miss Isabel Hunt .....	1.00
Miss Evaline Neiss .....	1.00
Mrs. Louise Williams .....	3.00
Through Miss Balcom:	
Miss Helen C. Hirth, Niles City, Montana .....	3.00
Miss Rachel B. North, Battle Creek, Michigan .....	1.00
Miss Amy A. Bliss .....	10.00

THE GRADUATE NURSES EXAMINING BOARD OF VIRGINIA

THE State Board of Nurse Examiners held their first examination at the Memorial Hospital, Richmond, Va., on December 13, 1904.

The examinations were conducted by Miss Cabanis, president, and Mrs. L. de Laney Hanger, secretary.

Ten nurses were present to take the examinations, which were of a practical nature. The subjects written upon were "Materia Medica," "Urinalysis," "Practical Nursing," "Surgery," "Gynecology," "Dietetics," "Contagious Diseases," "Obstetrics," "Infants and Children." The pass mark will be 75.

The Governor of Virginia has appointed Miss Laird, of Lexington, Va., and Miss O. C. Johnston, of Blacksburg, to fill the vacancies on the Nurses' Examining Board caused by the resignation of Miss Watkins and the removal from Virginia of Mrs. William Glasgow.

It is with deep regret that we lose Mr. and Mrs. Glasgow. Mrs. Glasgow has been an earnest worker, and to Mr. Glasgow, who has been our counsel, we feel deep gratitude for his kind and skilful aid.

To the Board of Directors of the Memorial Hospital, Richmond, we feel grateful for their kindness in offering us the use of their hospital for the meeting, and also to Miss Van Fort, superintendent, and her assistant, Miss Wooten, who were most kind and courteous to us.

The Board of Examiners will hold a meeting for the annual election of officers on January 23, 1904, at the home of the secretary, No. 7 Waverley Boulevard, Portsmouth, Va.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES—NOTICE

In response to a large number of inquiries we repeat the statement made in a former number of the JOURNAL in reference to the next convention of this society. The meeting, which was announced for January, 1905, has been postponed to the first week in May of the same year, and will be held just preceding the meetings of the Associated Alumnae.

THE Instruction Committee of the Boston Nurses' Club, of which Miss Drown is chairman, has planned for an interesting course of fortnightly lectures for this season. The Tuesday "teas" continue to extend their cheery influence and serve to introduce new members.

## STATE MEETINGS

OHIO (extracts).—The Ohio State Association of Graduate Nurses met in the assembly-room of the Great Southern Hotel at Columbus, O., on Tuesday, October 18, at two P.M. The meeting was called to order by the president, Miss Greenwood. The Rev. Mr. Lewis made the opening prayer. An address of welcome was given by Dr. J. F. Baldwin, which was responded to by Miss Greenwood for the association, Miss Dickey, of the Children's Episcopal Hospital, for Cincinnati; Miss Crandall, of the Miami Valley Hospital, for Dayton; Miss Lauder Sutherland, of Lakeside Hospital, for Cleveland. Miss Greenwood gave a brief history of the association, speaking of the discouragements, the "lions in the path," as being formidable but not insurmountable. Mrs. Elizabeth M. Hartsock, of the Presbyterian Hospital, Cincinnati, gave a paper on the future outlook for State registration in Ohio, stating that "It was found when an attempt was made to have the bill presented, after consulting numerous legal advisers, that Section 4 of Article 15 of the State Constitution provides that no person shall be elected or appointed to any office in this State unless he possesses the qualifications of an elector." Article 5, Section 1, of the Constitution designates what those qualifications are, and clearly indicates that one is that the person must be a male citizen. That the position of an Examining Board composed of nurses who shall have been regularly graduated from a general hospital having not less than five-years' experience in their work (which is what was asked for in the bill) comes within the meaning of the word office, as used under Section 4, Article 15, is apparent from numerous cases cited in the opinions furnished. When the point was so clearly presented that until there was a change in the Constitution of the State the nurses could not obtain a representative Board of Examiners, the present unrecognized position was the only course open to the association. The Graduate Nurses' Association of Columbus entertained the visiting members at dinner, followed by a very beautiful reception in the hotel parlors. On the second day reports of organization work throughout the State were given by different members. Miss Olive Fisher, reporting the work of the Cincinnati association, gave this bit of history: "Pursuant to the call issued by the Graduate Nurses' Association of Cincinnati, representatives from Cleveland, Columbus, Dayton, and Cincinnati assembled at the latter named place on January 27, 1904, and formed the present State association. The Graduate Nurses' Association of Cincinnati has been in existence for seven years, during which time we feel that it has accomplished a great deal of good. It has seventy-five members in good standing and embraces in its membership graduate nurses of eleven different training-schools, notwithstanding which the utmost harmony and kindest feelings have always prevailed among its members. In order that our profession should have the proper influence in the community, and to confer upon our association a legal standing, it has been incorporated by the State of Ohio." The officers elected were: President, Mary Hamer Greenwood, Cincinnati; first vice-president, Ella Phillips Crandall, Dayton; second vice-president, Olive T. Fisher, Cincinnati; third vice-president, Lauder Sutherland, Cleveland; fourth vice-president, Mary Greimer, Columbus; fifth vice-president, Margaret Grannes, Toledo; sixth vice-president, Rose Sutherland, Dayton; treasurer, Emma A. Doe; secretary, Elizabeth Mason Hartsock, Cincinnati.

CONNECTICUT.—The Graduate Nurses' State Association of Connecticut met in New Haven on November 9 in the New Haven Hospital. There was a large,

enthusiastic number of nurses present. Keen interest was manifested in the discussion of the proposed bill which will be introduced into the State Legislature providing for the registration of all graduate nurses in Connecticut. Mrs. Mary I. Fuller, of Hartford, president of the association, opened the meeting by introducing Rev. Mr. Perry, who pronounced the invocation. An address of welcome followed by Mr. James C. Coddington, superintendent of the New Haven Hospital. The remainder of the morning was devoted to the regular routine business. The alumnae of the New Haven Hospital and Grace Hospital, New Haven, served a dainty, substantial luncheon. At the afternoon session a report of the Legislative Committee showed that a printed copy of the proposed bill, together with a printed circular, had been mailed to every nurse in the State. This circular gives the reason for organization and tells what registration means to the nurse, to the public, and to the physician. It endeavors to show to each individual nurse the necessity of cooperation. This committee also reported that the association had been incorporated. Dr. W. G. Daggett, of New Haven, gave some very interesting information regarding the proposed bill and how to present it to the legislators. Dr. Daggett spoke in a most pleasing manner. His address was full of enthusiasm and encouragement to the association. A general discussion on the proposed bill followed and opinions were freely expressed. A number of changes in the bill were made. The bill will be reprinted before the next meeting. The next meeting will be in New London on the first Wednesday in February.

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**DISTRICT OF COLUMBIA.**—The Graduate Nurses' Association of the District of Columbia held its annual meeting on November 1 in the lecture-room of the medical department of the George Washington University. The election of officers for the coming year resulted as follows: President, Miss G. N. Nevins; first vice-president, Miss A. J. Rule; second vice-president, Miss J. B. Lenig; secretary, Miss B. M. Smith; treasurer, Miss P. E. Jennings; councillors, Misses Washington, A. McWhorton, M. Paxton, A. M. White, B. E. Severance, and Flynn. The subject of a Central Directory for nurses in the District was discussed and a committee appointed to look up the organization of registries in other cities. The revised bill for the registration of trained nurses in the District of Columbia, which is to be put before Congress this winter, was distributed among the members of the association.

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**ILLINOIS.**—The quarterly meeting of the Illinois State Association of Graduate Nurses was held in Masonic Temple, Chicago, on Wednesday, November 9. The first session opened at twelve o'clock, the second at two-thirty P.M. Addresses were made by Dr. Bertha Van Hoesen and Dr. Clarence Webster. Short talks were given by several nurses prominent in the movement for State registration. There was a very large attendance and all showed a determination to work faithfully for the bill which will be presented at the next session of the Legislature. The annual election of officers resulted as follows: President, Miss M. Helena McMillan; first vice-president, Miss Margaret Kane; second vice-president, Sister M. Ignatius Feeney; corresponding secretary, Mrs. Frederick Tice; recording secretary, Miss Katherine Cowan; treasurer, Miss Cora Overholt.

## REGULAR MEETINGS

BROOKLYN.—The Brooklyn Hospital Alumnae has held its monthly meetings each month this fall. The usual routine business was gone through and some new members elected. The constitution was revised to meet the growing needs of the society. The president, with two members of the alumnae, were elected directors of the Board of the Brooklyn Hospital Registry for Nurses. The night superintendent, Miss Van Ingen, asked for donations and volunteers to make garments for the children's ward of the hospital. A collection was taken up and many garments have been made and given to her for the children. The alumnae voted to invest in two shares of stock in THE AMERICAN JOURNAL OF NURSING Company. Miss Monteith addressed one meeting on the necessity of joining the county society as soon as their by-laws are revised, which the alumnae voted to do. A committee of five was nominated to send in a list for the election of officers for the ensuing year. The endowment is slowly but surely increasing. It is hoped soon to have a room for all sick nurses. Those who are now ill, it is hoped, will recover in time for the January meeting.

PHILADELPHIA.—The regular meeting of the Alumnae Association of the Training-School for Nurses of the Presbyterian Hospital was held in the parlor of the Nurses' Home on December 8 at three P.M. Thirty-two members of the alumnae and visitors from the Alumnae Associations of the University and Episcopal Hospitals were present. After a short business meeting Miss Palmer, Editor-in-Chief of THE AMERICAN JOURNAL OF NURSING, addressed the meeting on the origin, growth, and success of the JOURNAL. She emphasized the responsibility of individual nurses to the support of their official magazine. A hearty vote of thanks was tendered Miss Palmer, after which a pleasant social hour was spent while afternoon tea was served. At the October meeting of the alumnae one hundred dollars was contributed to the congregation worshipping in the James Magee Memorial Chapel, in memory of one who during his life was a friend and benefactor of the nurses.

TORONTO.—A joint meeting of the Alumnae Associations of the Training-Schools of the Toronto General, Sick Children's, Grace, and St. Michael's Hospitals was held in the lecture-room of the Sick Children's Hospital on Saturday, November 12, at four P.M. Miss Gordon, president of the Ontario Graduate Nurses' Association, was in the chair and gave an interesting address, in which she traced the progress of nursing from the early days before the institution of training-schools up to the present day. She urged upon nurses the necessity of keeping in touch with the work of the day by reading the various nursing journals, and said that the time was come for the nurses of Canada to prepare to take action in the matter of obtaining legislation or else be left sadly in the background. Brief addresses were also given by Miss Palford and Miss Bowerman.

BALTIMORE.—At the annual meeting of the Maryland University Alumnae on December 5 officers were elected as follows: President, Miss S. M. Jones; first vice-president, Miss E. Ralph; second vice-president, Miss Eliza Grey; secretary, Miss Eleanor Mayes; treasurer, Miss Nancy Kinnivey; First Execu-

tive Committee—Miss Mamie Cook; Second Executive Committee—Miss M. A. Russell. It was decided that the association should own a share of stock in THE AMERICAN JOURNAL OF NURSING Company. Much appreciation was expressed of the work of the retiring officers. Miss Louisa Parson, the first superintendent of the Training-School, was made an honorary member of the association.

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BOSTON.—The regular monthly meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-Schools for Nurses was held in the Thayer Library on Tuesday, November 29, at two-thirty p.m. Among subjects of interest which came up for discussion was that of a "benefit fund." This question has been interesting members of the association for a time, and a committee was appointed to consider plans for the raising of such a fund. It was decided to wait until next month, when a full report of this committee will be made and a discussion of the question requested.

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PHILADELPHIA.—The regular monthly meeting of the Alumnae of the Woman's Hospital Training-School, Philadelphia, was held at 1227 Arch Street on December 14, 1904, at four p.m. The meeting was called to order by the president, Miss A. M. Peters. There was a large attendance. Eight new members were admitted and three names proposed for membership. Reports of the committees were read and approved. After the business meeting the members adjourned to the Woman's Hospital to be present at a reception given Dr. Anna Fullerton by the managers of the hospital.

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MONTREAL, CANADA.—The graduates of the Royal Victoria Hospital were called together on October 12, 1904, with the object of reorganizing the Alumnae Association. The invitation was warmly responded to and an interesting meeting was held. The following officers were elected: President, Miss Gilmore; first vice-president, Miss Grant; second vice-president, Miss Amaburg; secretary, Miss Cornell; corresponding secretary, Miss Cooper; treasurer, Miss Major; Executive Committee—Misses Freeland, Hall, Anton, Le Gros, and MacIntosh.

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SOUTH BETHLEHEM, PA.—The seventh annual meeting of the Alumnae Association of St. Luke's Hospital Training-School was held on October 18, 1904, at the Nurses' Home, about fifteen members being present. Miss Herbeine, of Sinking Springs, Pa., was elected as president for the ensuing year. Miss Emily Dinan, of South Bethlehem, was appointed as delegate to the Pennsylvania State meeting which was held in Philadelphia in October. Five new members were admitted to the association.

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POUGHKEEPSIE, N. Y.—The fourth annual meeting of the Dutchess County Graduate Nurses' Club of Poughkeepsie was held at the club-room on November 14. The reports were very encouraging, no resignations having been received and four new members added. Among the most pleasant events noted were the anniversary dinner held at Smith Brothers' and the Hallowe'en party given by Miss Deyo at Vassar Brothers' Hospital.



BROOKLYN, N. Y.—The regular meeting of the Long Island College Hospital Alumnae was held on November 15, when routine business was transacted. A special meeting, to which all nurses of Brooklyn were invited, was held on December 10, at which Miss Sophia F. Palmer and Miss Annie Damer were guests, both speaking upon registration work.

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DANBURY, CONN.—At a recent meeting of the Danbury Alumnae it was voted that when the date of a regular meeting falls on Sunday the association shall have charge of the services on Sunday. The association has presented the hospital with an organ to be used at the Sunday services. Some interesting lectures have been arranged for the winter.

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JAMAICA, N. Y.—At the Jamaica Hospital, Jamaica, L. I., on Friday, November 11, a preliminary meeting was held and the Nurses' Association of Queens and Nassau was organized and a constitution was adopted. Although the attendance was not large, those present were extremely enthusiastic. Miss Anna Davida, of Richmond Hill, was elected president.

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BROOKLYN.—At the annual meeting of the Alumnae Association of the Brooklyn Homeopathic Hospital Training-School for Nurses, held on November 2, the following officers were elected: President, Miss Mary Combs; vice-president, Miss Eva McClellan; secretary, Miss Sarah H. Egan; treasurer, Miss Estelle Moulton; auditor, Miss Delia Gulnac.

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BRIDGEPORT, CONN.—The Alumnae of the Bridgeport Hospital at a meeting on November 15 elected the following officers for the coming year: President, Miss Helena T. Kelly; vice-president, Miss Margaret Rourke; recording secretary, Miss Jeanie M. Campbell; treasurer, Miss E. V. Suckley; corresponding secretary, Miss E. E. Evers.

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NEW YORK.—The New York City Alumnae met on December 13. Miss M. C. Drew was appointed financial secretary pro tem. in place of Mrs. Clinton Stevenson. Miss Yocum read an interesting paper on "Nurses' Clubs." The meeting was well attended and closed with the usual social hour.

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WASHINGTON, D. C.—The Alumnae Association of the Columbia and Children's Hospital held a regular meeting on November 9, when Miss Annie Damer, of New York, was the guest of the association. Miss Damer gave an interesting talk upon the work of the Associated Alumnae.

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NEW YORK.—The December meeting of the New York Hospital Alumnae was largely occupied by a report of the successful bazaar held on November 29 and 30. The amount received was ample to establish the club-house on a sound financial basis.

# BIRTHS

In Waverly, Md., November 20, 1904, to Mr. and Mrs. N. B. Lessner, a son. Mrs. Lessner was Miss M. Blight, of the University of Maryland Alumnae, Class of 1900.

# MARRIAGES

At the residence of her parents, Mr. and Mrs. de Lancey, Middleton, Annapolis County, Nova Scotia, Leah de Lancey, secretary of the Nurses' Examining Board of Virginia, to S. Theodore Hanger, of Virginia. Miss de Lancey was a graduate of the Victoria General Hospital, Canada, and a post-graduate of the Woman's Hospital, New York, and for the past five years has been practicing her profession in Norfolk, Va. Mr. and Mrs. Hanger are at home at 7 Waverley Boulevard, Portsmouth, Va.

In Auburn, N. Y., on Wednesday, October 5, Miss Elizabeth Hefferman, graduate of St. Mary's Hospital Training-School, Rochester, N. Y., to Mr. James F. Carmody, of Cleveland, O. Mr. and Mrs. Carmody will reside in Cleveland and will be at home after December 1 at 55 Marshland Avenue.

At St. Louis, Mo., November 16, Miss Evelyn Segsworth, graduate of Jefferson Hospital, Philadelphia, and late superintendent of Dr. Brown's Hospital, Birmingham, Ala., to Mr. Albert S. Brown. Mr. and Mrs. Brown will reside in Hannibal, Mo.

At Grove City, November 17, 1904, Harriet Josephine Weakley, graduate of the New York Hospital Training-School for Nurses, Class of 1899, to Edgar Dwight Brown, M.D. Doctor and Mrs. Brown are at home at 1625 Cedar Avenue, Cleveland, O.

At the residence of her parents, in Lewisburg, W. Va., on October 6, Miss C. V. Austin, graduate of the Old Dominion Hospital Training-School for Nurses, to Dr. David Meade Mann. Dr. and Mrs. Mann will reside in Richmond, Va.

In Bruton Church, Williamsburg, Va., on October 26, Miss Martha A. Clouton, graduate of the Old Dominion Hospital Training-School for Nurses, to Dr. Manfred Call. Dr. and Mrs. Call will reside in Richmond, Va.

On December 6, Miss Marcella Stackweather, graduate of the New York City Training-School, to Mr. William Metzger. Mr. and Mrs. Metzger will reside in Woodbridge, Vt.

# OBITUARY

NEW ENGLAND has lost one of its noted women in the person of Mrs. Ednah Dow Cheney, who passed away at her home in Jamaica Plain, Mass., in November.

She was much interested in all reform, but especially in that relating to women, and was an author of no mean ability. Her "Reminiscences" is looked upon as one of the finest contributions to the history of the anti-slavery movement and of the philosophic school associated with Concord. Mrs. Cheney bore the honor of being the first woman to speak in the Cambridge Divinity School.

Associated with Dr. Marie Zakrewska, one of the first women physicians in America, she was influential in bringing about the incorporation of the New

England Hospital for Women and Children in March, 1863. In September, 1872, the first training-school for nurses in this country was organized in connection with the New England Hospital.

Mrs. Cheney always took an active interest in this school, and at her death left a bequest of eight thousand dollars for its use.

At the December meeting of the New England Hospital Training-School Alumni Association the following resolutions were adopted:

"WHEREAS, An All-wise Providence has removed from this earthly life our friend and honorary member, Mrs. Ednah Dow Cheney; and

"WHEREAS, By her death we, the New England Hospital Training-School Alumni Association, have lost a faithful friend and loyal supporter, whose interest in our welfare was unceasing; therefore

"Resolved, That we desire to express a sense of our loss in the death of this capable and gifted woman.

"Resolved, That we extend to her family and friends our sincere sympathy; and further

"Resolved, That these resolutions be placed on the records of our association, a copy sent to her family, one to the Board of Directors of the hospital, also one to THE AMERICAN JOURNAL OF NURSING for publication.

"ISABELLE R. HALL,

"SARAH BEATTY,

"Committee."

At the regular meeting of the Farrand Training-School Alumni Association, held in the Nurses' Home of Harper Hospital, Detroit, the following resolutions were unanimously adopted:

"WHEREAS, An All-wise Providence has removed from our midst a valued friend and member of the Farrand Training-School Alumni Association, Matilda E. Hartford, who from the time of her graduation in 1897 until the time of her death, July 28, 1904, was in charge of the Woman's Department in Harper Hospital; therefore be it

"Resolved, That we, the members of the Farrand Training-School Alumni Association, take this opportunity of expressing our appreciation of her devotion to her life-work, and of the good which she has done in helping to lift the burden of sickness and pain from many hundreds of suffering lives; and be it also

"Resolved, That we express our sympathy to the members of her family and her friends and co-workers by sending them a copy of these resolutions, and that a copy be sent for publication to THE AMERICAN JOURNAL OF NURSING and to the *Harper Hospital Bulletin* for publication.

"CHRISTINE BORDEN,

"AGNES MCKENZIE,

"LULU B. DUBBER, Chairman,

"Committee."

Miss LOUISE M. J. WADDELL, Michael Reese Training-School for Nurses, of Chicago, of the Class of 1902, died November 12, 1904.

The following "Rules of Conduct" were found in Miss Waddell's purse after her death:

"To be happy, hopeful, buoyant, kind, loving from the very depths of my

heart; considerate and thoughtful regarding the peculiarities and eccentricities of human nature, adjusting myself to each, so as to produce harmony and not friction; to be pure in thought, word, and deed; broad-minded and liberal, not given to petty denunciation of my fellows; moderate in methods of life; never adding a burden or sorrow where a little forethought would give pleasure; not hasty in speech or action; sincere, candid, and truthful in every detail; conscientious in the execution of every duty; composed, unpretentious, and simple, keeping close to Nature's heart, and always relying upon Him I most earnestly strive to serve, keeping ever before me that exemplary Life as my rule of conduct towards men, thus creating an influence for good.

"This is my idea of making 'life worth living.'"

"LOUISE M. J. WADDELL."

It is with deep regret that the Nurses' Alumnae Association of the University of Maryland learn of the death of Miss Agnes Maupin, Class of 1898, after a lingering illness of pneumonia, at her home, No. 2004 North Charles Street, Baltimore, November 27, 1904.

At a special meeting of the alumnae the following resolutions were unanimously adopted:

"That we, as an association, have lost a most highly esteemed member.

"That her family have our heartfelt sympathy in their bereavement.

"That a copy of these resolutions be sent to her family, THE AMERICAN JOURNAL OF NURSING, and be recorded on the minutes of the meeting.

"It will be remembered by many of us that Miss Maupin was one of the five appointed by Governor Warfield to serve on the Examining Board of Maryland, where her loss will be keenly felt.

"L. D. MILTON,

"BLEUDA ROSSSELL,

"V. C. WEITZEL,

"Committee on Resolutions."

"It was with deep regret that the Alumnae Association of the University of Maryland Hospital learned of the death of Miss Blanche Pitman, which occurred at the University of Maryland Hospital, Baltimore, October 22, 1904.

"Miss Pitman graduated from the Training-School of the University of Maryland Hospital in the Class of 1899 and engaged in private nursing. It was while in the faithful discharge of duty that she contracted typhoid fever, to which she succumbed after a brief illness. Be it therefore

"Resolved, That in the death of Miss Pitman this association has lost a valued and much esteemed member and the profession an ardent, competent, and conscientious worker.

"Resolved, That we extend to her bereaved family our heartfelt sympathy.

"Resolved, That a copy of these resolutions be sent to her family, to THE AMERICAN JOURNAL OF NURSING, and recorded upon the minutes of the alumnae.

"ELIZA B. GRAY,

"VENIE C. WEITZEL,

"MARGARET S. BROWN,

"Committee on Resolutions."

## HOSPITAL AND TRAINING-SCHOOL ITEMS



### HOSPITALS

THE Auburn (N. Y.) City Hospital has made improvements to its plant during the last year to the extent of seventy-five thousand dollars in cost, a new brick ward pavilion, a service building, and a Nurses' Home being included. The capacity of the hospital is now one hundred beds, and the Nurses' Home contains thirty rooms. These buildings are entirely paid for, the money having been raised by popular subscription.

THE Ontario Government has promised to cooperate in any plan for erecting a new General Hospital in Toronto for the purpose of helping the university in the matter of clinical teaching. One hundred thousand dollars has been promised for this work on condition that the city of Toronto will furnish an equal amount.

THE Presbyterian Hospital, New York, held its thirty-sixth anniversary on December 3 in the new nurses' home to be known as Florence Nightingale Hall.

BY the will of the late Mrs. James Brewer Crane the House of Mercy Hospital at Pittsfield, Mass., receives twenty-five thousand dollars.

### TRAINING-SCHOOL NOTES

THE Harkley Hospital Training-School at Muskegon, Mich., has established a six-months' preliminary course. The circular of information states that:

"The first half of the junior year is devoted to the preparatory course, which includes a study of the following branches: Household economics, particularly of foods; hygiene and sanitation, principles and practice of asepsis, anatomy and physiology, materia medica, and elementary nursing. The object of the above course of study is to instill in the mind of the pupil, before she is brought in contact with the patient, some of the fundamental principles upon which nursing depends.

"Second half of junior year: During this period the students receive instruction in bacteriology, urinalysis, principles and practice of asepsis, visiting nursing, practical work in medical, surgical, and isolating wards.

"Intermediate year: The practical work of this year includes nursing service in the general wards and in the private pavilions of the hospital, two months of surgical work in a city hospital, and practical lessons in massage.

"During the senior year students will be given terms of service as assistant head nurses in the wards and as surgical assistants in the operating-rooms. They will also have terms of service in the obstetric and children's wards. During the senior year lectures will be given upon special subjects. A course in voice culture will also be given. The seniors will be required to study the history and literature of their chosen profession.

"After entering the wards students will be constantly engaged in practical work under the immediate supervision and direction of the principal of the school and the head nurses."



THE Visiting Nurse Department of the Nurses' Settlement, Richmond, Va., has contracted to supply nurses for the office of visiting and special nursing in Louisa, Va. The work is to be supported by an endowment fund established by Mrs. William Corcoran Eustis (née Morton) as a memorial to her sister, Miss Lena Morton. Miss N. J. Minor (Old Dominion Hospital Alumna, Class of 1900), for the past three years district nurse and settlement worker in Richmond, Va., has been sent to begin this work. She will be succeeded by some other nurse sent by the Nurses' Settlement each successive three months.

THE management of the Lozier Memorial Training-School of the New York Medical College and Hospital for Women, at 19 West One-Hundred-and-First Street, New York, have extended the course of training from two to three years with a preparatory course of three months. It has also been decided to give the nurses a course in dietetics and in the care of male patients to meet the requirements of registration.

THE Lincoln Hospital and Home, New York City, graduated the following class of nurses on December 15: Miss Florence Ellis, Miss Lillian Albertha Williams, Miss Estella May Cary, Miss Catherine Elizabeth Hoffman, Miss Eva Anne Stimma, Miss Ada Decora Taylor, Miss Clara May Harris, Miss Gertrude Rebecca Henry, Miss Lawton M. Randall.

THE following young women were graduated from St. Luke's Hospital Training-School, South Bethlehem, on Hospital Day, October 18, 1904: Miss May Murphy, Bethany, Conn.; Miss Serena Ashford, Clinton, N. C.; Miss Margaret McDonald, Hastings-on-Hudson; Miss Rita Lord Scudder, Drifton, Pa.; Miss Martha T. Perrine, Burlington, N. J.

THE lectures to the pupils of the Training-School of the Long Island College Hospital are now being given in the college building by the college professors, with all the advantages of the college equipment. The nurses receive their instruction in special classes, not with the medical students.

SEVERAL changes have recently been made in the Connecticut Training-School for Nurses. A course in dietetics has been added and a second assistant has been granted to Miss Stowe, the superintendent.

THE graduating exercises of the Training-School of the People's Hospital of Chicago, Ill., were held on October 11, at which time seven nurses received diplomas.

#### PERSONAL

THE Board of Governors of the Kingston General Hospital, Canada, expressed their appreciation of the services of the retiring superintendent, Miss Flaws, by presenting her with a beautiful gold watch with diamond mountings, with pin-buck and chain. During Miss Flaws's service of five and one-half years a beautiful Nurses' Home has been erected, the course of training extended from two to three years, and the standard raised to compare favorably with the schools of the highest grade in Canada. Miss Flaws resigns because of ill-health.

MISS M. A. NUTTING and Miss Reba Thelin have been elected members of the Council of the Maryland State Association for the Prevention of Tuberculosis. Miss Thelin has been asked to give a report of her work among tuberculosis

patients before one of the medical societies of Baltimore, and Miss Nutting is one of a committee to secure medical inspection of schools.

MISS MARIE SCHLEY BROWN, operation-room nurse, St. Luke's Hospital, South Bethlehem, Pa., has just completed a three-months' special course in one of the New York hospitals, and has returned to her former position at the hospital. Miss R. L. Scudder, who acted as supply during Miss Brown's absence, has taken up private nursing in South Bethlehem.

MISS FRANCES JONES, Old Dominion Hospital Alumna, Richmond, Va., has resigned the assistant superintendence of the Norfolk Protestant Hospital (Virginia) to accept the position of superintendent of hospital and nurses at the Charleston General Hospital and Sanitarium, Charleston, W. Va.

MISS LOUISE POWELL, St. Luke's Hospital Alumna, Richmond, Va., who resigned the position of superintendent of St. Luke's Hospital (Richmond) for a period of much-needed rest, has just landed from a four-months' tour in the British Isles and on the Continent.

MISS EMILY DINAN, St. Luke's, South Bethlehem, Class of 1900, was operated on for appendicitis on December 9 at the hospital. Her many friends in the profession will be glad to learn that she stood the operation well and that a speedy recovery is looked for.

MISS ELIZABETH KELLAM, Old Dominion Alumna, Class of 1897, has resigned the position of operating-room head nurse in the Memorial Hospital, Richmond, Va., to accept the position of infirmary nurse to Hollins Institute for Women, near Salem, Va.

MISS MARGARET J. CLANCY, Lebanon Hospital graduate, has resigned as operating-room superintendent at the Women's and Children's Hospital of Syracuse. Miss Clancy will take up private nursing in New York City.

MISS ANNA E. C. KARL succeeds Miss Smith at the New Haven Hospital. Miss E. E. Baldwin has taken the position as second assistant, and Miss J. T. Coonas succeeds Miss Bolton as night superintendent.

MISS LENA CHURCH, of the Class of 1903, has resigned the position as night superintendent at the Orange Memorial Hospital, Orange, N. J., and taken up private nursing in South Bethlehem, Pa.

MISS H. R. G. BELLAMY, of the New York Hospital, Class of 1894, has opened a private hospital to be known as the Middlesex Private Hospital, on Arnold Circle, Cambridge, Mass.

MISS KATHARINE BAKER, graduate of Jefferson Hospital, Philadelphia, of the Class of 1898, has accepted the position as superintendent of Dr. Brown's Hospital, Birmingham, Ala.

MISS N. J. LACKLAND, of the Class of 1898 of the University of Maryland, has accepted the position of superintendent of St. Peter's Hospital, Charlotte, N. C.

MISS A. H. REEVE, of the Class of 1903 of the University of Maryland, has been appointed superintendent of Franklin Square Hospital, Baltimore, Md.

MISS F. M. LINTON, New York Hospital, who has been doing district nursing in New York for some time, will spend the winter in Cambridge, Mass.

Miss LOUISE ALLEN, St. Luke's, New York, Class of 1904, who has been severely ill since the middle of October, is slowly regaining her health.

Miss MARTHA J. SMITH, assistant at the New Haven Training-School, has severed her connection with the school because of ill-health.

Miss CARRIE LOUER has resigned her position as superintendent of the Training-School of the Jewish Hospital, Philadelphia, Pa.

On October 27 Miss Annie Damer gave a talk at the Nurses' Settlement in Orange, N. J., on preventive work in tuberculosis.

Miss C. M. BOWMAN has resigned as superintendent of the City Hospital at Hamilton, Ont., after a service of fourteen years.

Miss PAULINE KEYS, graduate of the Boston City Hospital, has accepted a position in the Buffalo Woman's Hospital.

Miss ADA B. STEWART, New York Hospital, is in residence at Grace Memorial House, 94 Fourth Avenue, New York City.

Miss E. ALICE BOLTON, night superintendent of the New Haven Hospital, has resigned because of ill-health.



NOTES ON RADIUM.—Francis H. Williams, a noted Boston oculist, states in the *Boston Medical and Surgical Journal* that physicians now consider that the beta rays from radium correspond to the cathode rays and the gamma to the X-rays. The beta rays seem likely to prove a convenient and useful remedy in certain diseases of the eye, particularly those which have not yielded to other methods of treatment. Among these are trachoma, opacity of the cornea, and inflammatory conditions of the neighboring parts. The writer has observed good results follow promptly from exposures of two or three minutes to fifty milligrammes of pure radium bromide, given at first once a week and later twice a week. The radium was held about one-half centimetre from the everted lid, or was placed even nearer to the closed lid opposite the diseased area. The advantages of radium over the X-rays are apparent. The output of the rays from radium is uniform, and the rays may be easily applied. The greatest care should be employed when diseases of the lids or eyes are treated with this powerful agent. Radium is also an excellent test for determining whether or not the eyes of the practitioner are in a suitable condition for making fluoroscopic examinations. The spinthariscopes containing a bit of radium is employed. If the scintillations appear bright to the practitioner, his eyes are ready for use; if dull, he must wait for a while longer in the dark room before attempting to make a fluoroscopic examination.

## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING DECEMBER 13, 1904.

ALLWEIN, Martha R., graduate of St. Agnes Hospital, Philadelphia, appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Bamber, Isabelle May, recently arrived in the Philippines, assigned to duty at the First Reserve Hospital, Manila.

Begg, Norah, recently arrived in the Philippines, assigned to duty at the First Reserve Hospital, Manila.

Brackett, Bert D., graduate of the Policlinic Hospital, Chicago, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Eastham, Marian, transferred from the General Hospital, Presidio, San Francisco, to duty at the General Hospital, Fort Bayard, N. M.

Griggs, Edith Young, transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island.

Hall, Mrs. Mary B., transferred from the General Hospital, Fort Bayard, N. M., to the General Hospital, Presidio, San Francisco.

Hammett, Annie M., transferred from the General Hospital, San Francisco, to the transport Logan for duty in the Philippines, sailed December 1.

Hunt, Helen Grant, arrived at San Francisco from Manila, November 16, assigned to duty at the General Hospital, Presidio.

Keliber, Josephine F., transferred from the First Reserve Hospital, Manila, to Iloilo for duty.

Langstaff, Eleanor, transferred from the General Hospital, San Francisco, to duty in the Philippines, sailed on the Logan December 1.

Lyons, Mary V., recently on duty at the General Hospital, San Francisco, discharged.

Miller, Gertrude E., recently on duty at the First Reserve Hospital, Manila, discharged.

Riordan, Marie A., transferred from the First Reserve Hospital, Manila, to Zamboanga for duty.

Sorry, Frances B., formerly on duty at the Base Hospital, Iloilo, P. I., returned to the United States on account of ill-health, discharged.

Underwood, Eleanor, arrived in San Francisco from the Philippines November 16, assigned to duty at the General Hospital, Presidio.

Verdin, Clara A., recently on duty at the First Reserve Hospital, Manila, discharged in Manila.

Williamson, Anne, transferred from duty at the First Reserve Hospital, Manila, to duty on the Thomas en route to the United States, reported at the General Hospital, San Francisco, November 16.

Wilson, Sibbie, an old army nurse, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.